2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017946

Entity Name: SONISH L.L.C.

Address:

City-St-Zip:

12402 MEMORIAL HIGHWAY

TAMPA, FL 336359518

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518 **Current Mailing Address: New Mailing Address:** 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518 FEI Number: 86-1087476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, SUMITA J 12402 MEMORIAL HWY TAMPA, FL 33635 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: PATEL, JAYANT Name: Address: 12402 MEMORIAL HIGHWAY Address: City-St-Zip: TAMPA, FL 336359518 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, SONAL Name: Address: 12402 MEMORIAL HIGHWAY Address: City-St-Zip: TAMPA, FL 336359518 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, SUMITA Name: Name: 12402 MEMORIAL HIGHWAY Address: Address: City-St-Zip: TAMPA, FL 336359518 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: PATEL, ANISH Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: SUMITA J. PATEL MGRM 03/04/2009