

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90113 050 \*\*\*\*50.00

60013751



01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0185767 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L03000033141**

1. Entity Name  
**SAKHIL INVESTMENTS, LLC**



Principal Place of Business  
3405 NW 115 AVENUE  
MIAMI, FL 33178

Mailing Address  
3405 NW 115 AVENUE  
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #  
**3300 NW 112 Ave**

3. Mailing Address  
**3300 NW 112 Ave**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33172**

Country

8. Name and Address of Current Registered Agent

**KILNANI, SURESH**  
**3405 NW 115 AVENUE**  
**MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3300 NW 112 Ave**

City  
**Miami**

FL

Zip Code  
**33172**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Suresh Kilnani (NOTE: Registered Agent signature required when reinstating)

DATE 02/01/07

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHILNANI, SURESH		NAME		
STREET ADDRESS	3405 NW 115 AVENUE		STREET ADDRESS	3300 NW 112 Ave	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami, FL 33172	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKHRANI, MANOHAR		NAME		
STREET ADDRESS	3405 NW 115 AVENUE		STREET ADDRESS	3300 NW 112 Ave	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Suresh Kilnani Suresh Kilnani 02/01/07 305 5990024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #