2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State
07-26-2004 90134 008 ****55.00

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DOCUMENT # L03000039149

1. Entity Name:
CARYSON LLC

Principal Place of Business
18011 AVALON LANE
TAMPA, FL 33647

Mailing Address
18011 AVALON LANE
TAMPA, FL 33647

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

07152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3690392 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ISAAC, YVONNE
18011 AVALON LANE
TAMPA, FL 33647

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Yvonne Isaac 7/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAPHNE NIRMALA DEVI	NAME	
STREET ADDRESS	9242 BRIAN JAC LANE	STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS, VA. 22066	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS, SHAKU	NAME	
STREET ADDRESS	18011 AVALON LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ISAAC, YVONNEEE	NAME	
STREET ADDRESS	18417 MEADOW BLOSSOM LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOROTHY ANITA KINGSLEY	NAME	
STREET ADDRESS	7600 TARPLEY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DERWOOD, MD 20855	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARDEEP RALPH SAWHNEY	NAME	
STREET ADDRESS	18417 MEADOW BLOSSOM LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONSTANCE KASTURI THEODORE	NAME	
STREET ADDRESS	18417 MEADOW BLOSSOM LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daphne Edwin (Daphne Edwin) 7/20/04 703-405-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #