2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039149

1. Entity Name
CARYSON LLC

Principal Place of Business	Mailing Address
18011 AVALON LANE TAMPA, FL 33647	18011 AVALON LANE TAMPA, FL 33647

07052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 7/11/05
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 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAPHNE NIRMALA DEVI
STREET ADDRESS	9242 BRIAN JAC LANE
CITY-ST-ZIP	GREAT FALLS, VA 22066
TITLE	MGRM
NAME	FRANCIS, SHAKU
STREET ADDRESS	18011 AVALON LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	ISAAC, YVONNEEE
STREET ADDRESS	18417 MEADOW BLOSSOM LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	DOROTHY ANITA KINGSLEY
STREET ADDRESS	7600 TARPLEY DRIVE
CITY-ST-ZIP	DERWOOD, MD 20855
TITLE	MGRM
NAME	HARDEEP RALPH SAWHNEY
STREET ADDRESS	18417 MEADOW BLOSSOM LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	CONSTANCE KASTURI THEODORE
STREET ADDRESS	18417 MEADOW BLOSSOM LANE
CITY-ST-ZIP	TAMPA, FL 33647

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07/14/05-80008-006 55.00

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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 Devi 7/05/05 703-405-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #