2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am Secretary of State DOCUMENT # L03000044914 1. Entity Name 03-12-2004 90230 016 ****50.00 SHREE OM, SHIV, GANESH LAUNDRY, L.L.C. Principal Place of Business Mailing Address 5331 VILLAGE MARKET WESLEY CHAPEL FL 33543 5331 VILLAGE MARKET WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number City & State City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, YAMINI 5331 VILLAGE MARKET Street Address (P.O. Box Number is Not Acceptable) WESLEY CHAPEL FL 33543 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change ☐ Addition TITLE ☐ Delete NAME PATEL, YAMINI NAME 5331 VILLAGE MARKET STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP WESLEY CHAPEL FL 33543 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - [7] Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 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.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED