


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000050618 1. Entity Name MAULI (USA), L.L.C.	
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Principal Place of Business 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813	Mailing Address 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE



05052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0464582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TRIVEDI, GIRJASHANKER 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**


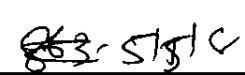
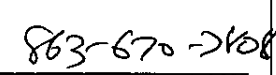
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIVEDI, GIRJASHANKER 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIVEDI, BIMAL 5617 HARRELLS NURSERY LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000950260
06/03/08-80062-011 138.75

**DO NOT WRITE
IN THIS SPACE**

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:   

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