

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050618

Entity Name: MAULI (USA), L.L.C.

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5617 HARRELLS NURSERY ROAD  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5617 HARRELLS NURSERY ROAD  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 20-0464582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIVEDI, GIRJASHANKER  
5617 HARRELLS NURSERY ROAD  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

TRIVEDI, BIMALKUMAR  
5617 HARRELLS NURSERY ROAD  
LAKELAND, FL 33813 US

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.

SIGNATURE: BIMALKUMAR TRIVEDI

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRIVEDI, GIRJASHANKER  
Address: 5617 HARRELLS NURSERY ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM  
Name: TRIVEDI, BIMAL  
Address: 5617 HARRELLS NURSERY  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BIMALKUMAR TRIVEDI

MGMR

03/18/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date