

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050618

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

**FILED**  
**Mar 11, 2012**  
**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, BIMALKUMAR  
5617 HARRELLS NURSERY ROAD  
LAKELAND, FL 33813 US

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

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: \_\_\_\_\_

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

MGRM

03/11/2012

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