


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90166 001 ***300.00

DOCUMENT # L03000053385					
1. Entity Name PRASHIELA ENTERPRISES, LLC					
Principal Place of Business 7067 RADIO RD NAPLES, FL 34104			Mailing Address 7067 RADIO RD NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address 3345 FOWLER ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FT. MYERS FL		4. FEI Number 20-0487185	
Zip		Country 33901 USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04212006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent AJAYKUMAR, DESAIR 817 VANDERBILT BEACH RD NAPLES, FL 34109			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRASHIELA 817 VANDERBILT BEACH RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, AJAYKWMAR 817 VANDERBILT BEACH RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, AJAYKWMAR 817 VANDERBILT BEACH RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, AJAYKWMAR 817 VANDERBILT BEACH RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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