

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90024 050 \*\*\*138.75

**60028801**



03232008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-0487185** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PRASHIELA**  
STREET ADDRESS **817 VANDERBILT BEACH RD**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **MGR** ☐ Delete  
NAME **DESAI, AJAYKUMAR**  
STREET ADDRESS **817 VANDERBILT BEACH RD**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **PRASHIELA**  
STREET ADDRESS **7067 RADIO RD**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **DESAI AJAYKUMAR**  
STREET ADDRESS **7067 RADIO RD**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Asrab*

**04/24/08 239-287-8887**