2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90024 050 ***138.75 DOCUMENT #L03000053385 PRASHIELA ENTERPRISES, LLC 60028801 Principal Place of Business Mailing Address 7067 RADIO RD 3345 FOWLER ST NAPLES, FL 34104 FORT MYERS, FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0487185 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AJAYKUMAR, DESAIR 817 VANDERBILT BEACH RD Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34109 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITI F ☐ Delete TITLE ☐ Addition mure **PRASHIELA** NAME NAME & PRASHIELA 817 VANDERBILT BEACH RD STREET ADDRESS STREET ADDRESS eD 7067 EADIU NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP MAPLES 34-108 TITLE 🗖 Change ☐ Delete TITLE MGR ■ Addition DESAY AJAYKUMAR DESAI, AJAYKWMAR NAME NAME STREET ADDRESS 817 VANDERBILT BEACH RD STREET ADDRESS RADIO ED NAPLES, FL 34109 CITY-ST-ZIP YAPLES CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; that fam a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7

04/24/08

☐ Change

Addition

FILED