


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90148 002 ****50.00

DOCUMENT # L04000004277 1. Entity Name ARJUN D AND RAJ K ANEJA LLC	
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Principal Place of Business
325 CLYDE MORRIS BLVD
SUITE 300
ORMOND BEACH, FL 32174

Mailing Address
6 WYNFORD CT
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



01142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4239969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANEJA, ARJUN D
6 WYNFORD CT
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANEJA, ARJUN D
STREET ADDRESS	6 WYNFORD CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	MGR
NAME	ANEJA, RAJ K
STREET ADDRESS	6 WYNFORD CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

Arjun

1-24-06

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

Date

Daytime Phone #