

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90040 048 ****50.00

DOCUMENT # L04000004761

1. Entity Name

IYER BEST INVESTMENTS LLC



Principal Place of Business

Mailing Address

15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS FL 33908
US

P.O. BOX 101430
CAPE CORAL FL 33910
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0641586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARAMESWARAN, ARUN
15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS FL 33908

Name

Jamca Voss

Street Address (P.O. Box Number is Not Acceptable)

20020 Veterans Blvd #10

Port Charlotte

City

FL

Zip Code

33954

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

Jamca Voss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
PARAMESWARAN, ARUN
15660 SAN CARLOS BLVD., SUITE 32
FORT MYERS FL 33908 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
VOSS, JAMES P
15660 SAN CARLOS BLVD., SUITE 32
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
20020 Veterans Blvd #10
Port Charlotte FL 33954 ☒ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jamca Voss

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

Date

Daytime Phone #

4-17-07 941-764-1144