

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 044 ***138.75

DOCUMENT # L04000006708

1. Entity Name
SANGEETHA MANAGEMENT, LLC



Principal Place of Business
**4420 FM 1960 WEST, SUITE 224
HOUSTON, TX 77068**

Mailing Address
**4420 FM 1960 WEST, SUITE 224
HOUSTON, TX 77068**

00011862



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0465443

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

**KEATING, JOHN K
749 NORTH GARLAND AVE., SUITE 101
ORLANDO, FL 32801**

Name **John K. Keating**
Street Address (P.O. Box Number is Not Acceptable)

250 East Colonial brive, Suite 300
City **Orlando** FL Zip Code **32801**

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

**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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME YALAMANCHILI, CHOWDARY
STREET ADDRESS 4420 FM 1960 WEST, SUITE 224
CITY-ST-ZIP HOUSTON, TX 77068

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

TITLE MGR ☐ Delete
NAME STALLINGS, GEORGE W
STREET ADDRESS 7602 BRINKWORTH
CITY-ST-ZIP HOUSTON, TX 77070

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

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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

2.26.08

Date

2814441585

Daytime Phone #