

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-15-2008 90078 048 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000010437 1. Entity Name ROSHI, L.L.C.			
Principal Place of Business 10961 W. BROWARD BLVD. PLANTATION, FL 33324		Mailing Address 10961 W. BROWARD BLVD. PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box # 1500 W. Cypress Creek Rd #409 Box, Apt. #, etc.		3. Mailing Address 1500 W. Cypress Creek Rd #409 Box, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33309 Country USA		Zip 33309 Country USA	
4. FEI Number 58-2438100		5. Certificate of Status Fee ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAWLANI, AVINASH 10961 W. BROWARD BLVD. PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____			
8. I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent or state, in the State of Florida. I am liable, with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILE NUMBER FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75			
Make check payable to: Florida Department of State			
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
NAME SAWLANI, SURESH R	☐ Delete	NAME 1500 W. Cypress Creek Rd #409	☒ Change ☐ Add New
STREET ADDRESS 10961 W. BROWARD BLVD.	☐ Delete	STREET ADDRESS Ft. Lauderdale, FL 33309	☐ Change ☐ Add New
CITY-STATE-ZIP PLANTATION, FL 33324	☐ Delete	CITY-STATE-ZIP FL 33309	☐ Change ☐ Add New
TITLE MANAGER	☐ Delete	TITLE MANAGER	☐ Change ☐ Add New
STREET ADDRESS 10961 W. BROWARD BLVD.	☐ Delete	STREET ADDRESS 1500 W. Cypress Creek Rd #409	☐ Change ☐ Add New
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CITY-STATE-ZIP PLANTATION, FL 33324	☐ Delete	CITY-STATE-ZIP FL 33309	☐ Change ☐ Add New
19. I hereby certify that the information provided with this filing code not qualify for the exemption's contained in Chapter 113, 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 responsible to prepare this report as required by Chapter 605, Florida Statutes.			
SIGNATURE <u>Suresh R. Sawlani</u> SURESH R. SAWLANI JUN 14, 08			

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