

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000024830 1. Entity Name ARYAMAYA, L.L.C.	
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Principal Place of Business 2001 SIESTA DR. 201 BRADENTON, FL 34239	Mailing Address 2001 SIESTA DR. 201 BRADENTON, FL 34239
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02152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0946601	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

NAJMY, JOSEPH L ESQ
PORGES, HAMLIN, KNOWLES & PROUTY, PA
1205 MANATEE AVE. WEST
BRADENTON, FL 34205

**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 _____ DATE _____
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

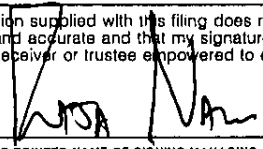
U000000836912
03/04/08-80034-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NALLURI, RAJA 2001 SIESTA DR. 201 BRADENTON, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NALLURI, CHIPPY 2001 SIESTA DR. 201 BRADENTON, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AJITHAN, CEMPASKASSERI K 2001 SIESTA DR. 201 BRADENTON, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AJITHAN, RETNAMMA 2001 SIESTA DR. 201 BRADENTON, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NALLURI, ARYA C 2001 SIESTA DR. 201 BRADENTON, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NALLURI, MAYA R 2001 SIESTA DR. 201 BRADENTON, FL 34239

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 2/27/08

✓ 941 366 500