

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000029594

1. Entity Name  
SHREE HARI KRISHNA LLC



Principal Place of Business  
5527 NORTH COVE  
LAKELAND, FL 33809

Mailing Address  
5527 NORTH COVE  
LAKELAND, FL 33809



02012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4278719

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PATEL, SNEHLATA C MGRM  
5527 NORTH COVE  
LAKELAND, FL 33809

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PATEL, SNEHLATA C
STREET ADDRESS	5527 NORTH COVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	PATEL, AMISH C
STREET ADDRESS	5527 NORTH COVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	PATEL, ARPEN C
STREET ADDRESS	5527 NORTH COVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000817572  
02/15/08-80011-022 138.75

**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: Snehlata C Patel

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

2-1-08 863-859-5821