

FILED
Aug 09, 2006 8:00 am
Secretary of State

04-19-2006 90021 049 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000034581

1. Entity Name
LAKSHMI ENTERPRISES, LLC



00016003

Principal Place of Business
2901 U.S. HIGHWAY 301 N
ELLENTON, FL 34222

Mailing Address
2901 U.S. HIGHWAY 301 N
ELLENTON, FL 34222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-1109912

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DHADUVAI, VIJAYALAKSHMI M.D.
2901 U.S. HIGHWAY 301 N
ELLENTON, FL 34222

Name

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

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$80.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DHADUVAI, ASHOK-KUMAR M.D.
2901 U.S. HIGHWAY 301 N
ELLENTON, FL 34222

☐ Delete

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

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CITY - ST - ZIP
MGR
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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 606, Florida Statutes.

SIGNATURE:

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

Date

04-14-06

Daytime Phone #