

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047863

Entity Name: DIYA AND SNEHA, LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

3916 N ALAFAYA TRAIL  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

12855 WATERHAVEN CIRCLE  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 14-1911374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, ARVIND  
12855 WATERHAVEN CIRCLE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

PATEL, ARVIND N  
12855 WATERHAVEN CIRCLE  
ORLANDO, FL 32828 US

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.

SIGNATURE: PATEL ARVIND

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATEL, ARVIND  
Address: 12855 WATERHAVEN CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: PATEL, HANSA  
Address: 12855 WATERHAVEN CIRCLE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, ARVIND N  
Address: 12855 WATERHAVEN CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, HANSA A  
Address: 12855 WATERHAVEN CIRCLE  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATEL ARVIND

MGRM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date