2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 19, 2005 8:00 am Secretary of State

					_		ury u	,, ,,,	uit	
DOCUMENT # L04000048705 1. Entity Name ASHA DEVI, LLC						05-19-2005 90208 012 ****50.00				
Principal Place of Business Mailing Address						14017868				
1 '		2929 UNIVERSITY DRIVE				14011000				
2929 UNIVERSITY DRIVE 2929 UNIVERSI 203 203			IVL							
	NGS, FL 33065	CORAL SPRINGS, FL 33065								
	•					[8] 				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05122005	Chg-LLC	CR2E08	3 (10/03)			
City & Stat	e	City & State		4. FEI Numb	er		Ap	plied For		
,					20-i	301511		No	t Applicable	
Zip	Country	Zíp	Count	try	5. Certificate	of Status Desired		5.00 Add		
	6. Name and Address of Current	Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
			Name			,				
RAMPERTAAP, MAHESWAR										
2929 UNIV		Street Address			er is Not Acceptable	9)				
203										
CORAL SI	PRINGS, FL 33065									
				City			FL	Zip Code	•	
8. The above named entity submits this statement for the ourpose of changing its registerer					etered agent or br	th in the State of Flo		umilias usitb	and appoint	
8. The above named emity 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. (NO	TE: Registered	t Agent signature requ	ured when reinstating)		DATE			
Fil Due I	ling Fee is \$50.00 by September 7, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.		!	ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME	RAMPERTAAP, MAHESWAR	<u> </u>	NAME					Change	Addition	
STREET ADDRESS	2929 UNIVERSITY DRIVE SUITE 203		STREE	ET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE				-	☐ Change	Mddition	
NAME	Ì		NAME						ricollica	
STREET ADDRESS			STREE	ET ADDRESS						
CITY-\$T-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE		****			Change	Addition	
NAME			NAME					C. J. Or Dingo		
STREET ADDRESS			STREI	E1 ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE				-	☐ Change	Addition	
NAME	1	_ 5000	NAME	· I				\$.m.go		
STREET ADDRESS	1		STREE	ET ADDRESS						

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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—powered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

Change

☐ Change

☐ Addition

Addition