

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051234

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: MEDITATION MASTERY INSTITUTE LLC

## Current Principal Place of Business:

18107 NW COUNTY RD 239  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

18107 NW COUNTY RD 239  
P O BOX 1119  
ALACHUA, FL 32615 US

## New Mailing Address:

P O BOX 1119  
ALACHUA, FL 32616 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHURANA, NAVEEN  
18107 NW COUNTY RD 239  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KHURANA, NAVEEN  
Address: 18107 NW COUNTY RD 239  
City-St-Zip: ALACHUA, FL 32615 US

Title: MGRM ( ) Delete  
Name: KHURANA, MICHELE  
Address: 18107 NW COUNTY RD 239  
City-St-Zip: ALACHUA, FL 32615 US

Title: MGR ( ) Delete  
Name: KHURANA, NILACALA  
Address: 18107 NW COUNTY RD 239  
City-St-Zip: ALACHUA, FL 32615

Title: MGR ( ) Delete  
Name: KHURANA, ABHAY  
Address: 18107 NW COUNTY RD 239  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NAVEEN KHURANA

MGRM

04/26/2009

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