

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90214 030 \*\*\*\*55.00

**DOCUMENT # L04000061397**

1. Entity Name  
**PUJA OF PIERSON, L.L.C.**



Principal Place of Business  
**5617 HARRELL'S NURSERY ROAD  
LAKELAND, FL 33813**

Mailing Address  
**5617 HARRELL'S NURSERY ROAD  
LAKELAND, FL 33813**

**60021621**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-1584829**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TRIVEDI, NAMRATA  
5617 HARRELL'S NURSERY ROAD  
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name **PATEL VAISHALI P**

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

**209 N. Center Street**

City **PIERSON**

**FL**

Zip Code **32180**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TRIVEDI, NAMRATA  
5617 HARRELL'S NURSERY ROAD  
LAKELAND, FL 33813** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PATEL, VAISHALI P  
209 N CENTER STREET  
PIERSON, FL 32180** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 60B, Florida Statutes.

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

**3/3/07**  
Date

**386.717.0586**  
Daytime Phone #