FILED
07 MAY 23 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000061397

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

04192007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~5617 HARRELL'S NURSERY ROAD~~ ~~LAKELAND, FL 33813~~	~~5617 HARRELL'S NURSERY ROAD~~ ~~LAKELAND, FL 33813~~
2. Principal Place of Business - No P.O. Box # 209 N. Center St	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pierson, Fl	City & State Same
Zip 32180 Country	Zip Country

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	7. Name and Address of New Registered Agent
PATEL, VAISHALI P 209 N. CENTER STREET PIERSON, FL 32180	Name MAHENDRA VYAS Street Address (P.O. Box Number is Not Acceptable) 209 center st. 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

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
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 600103738395 06/01/07--01055--022 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHENDRA VYAS 209 CENTER St PIERSON FL 32180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 608, Florida Statutes.

SIGNATURE: ____________ 4-25-07 386 7499117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #