

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L04000068854

1. Entity Name
MOTI HOLDINGS LLC



Principal Place of Business
**2170 SW 37TH ST.
OCALA, FL 34474**

Mailing Address
**2170 SW 37TH ST.
OCALA, FL 34474**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1659025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MITRA, PRAMILA
2170 SW 37TH ST.
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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 **000000792794**

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

01/24/08-80022-022 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITRA, PURUSHOTTAM 2170 SW 37TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITRA, PRAMILA 2170 SW 37TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, PRAHAV 2170 SW 37TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, POORITA 2170 SW 37TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, PRIAMVADA 2170 SW 37TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, PUSHKAR 2170 SW 37TH ST. OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/15/2008 352-237-4545