

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000073557**

1. Entity Name  
**SHANTA, LLC**



Principal Place of Business  
**504 E. MAIN STREET  
IMMOKALEE, FL 34142**

Mailing Address  
**504 E. MAIN STREET  
IMMOKALEE, FL 34142**



04272006No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3678875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**PATEL, RAVJIBHAI B  
504 E. MAIN STREET  
IMMOKALEE, FL 34142**

**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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PATEL, RAVJIBHAI B
STREET ADDRESS	504 E. MAIN STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	MGRM
NAME	PATEL, HITESHBHAI R
STREET ADDRESS	504 E. MAIN STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000548918  
05/12/06-80082-020 50.00

**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: H R Patel

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

4/28/06

Date

Overtime Phone #