## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT :**

## Mar 11, 2008 8:00 am Secretary of State DOCUMENT # L04000073557 01-18-2008 90021 008 \*\*\*\*50.00 1. Entity Name SHANTA, LLC 03-11-2008 90133 010 \*\*\*\*88.75 Principal Place of Business Mailing Address 60014014 **504 E. MAIN STREET** 504 E. MAIN STREET IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 01112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678875 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, RAVJIBHAI B DO NOT WRITE 504 E. MAIN STREET IMMOKALEE, FL '34142 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9 MGRM BILL PATEL, RAVJIBHAI B NAME STREET ADORESS 504 E. MAIN STREET CITY-ST-ZIP IMMOKALEE, FL 34142 MGRM RTLE PATEL, HITESHBHAI R NAME STREET ADORESS 504 E. MAIN STREET CITY-ST-ZIP IMMOKALEE, FL. 34142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALA STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Deyone Phone #