

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90021 041 ***138.75

DOCUMENT # L04000078935

1. Entity Name
IYER BELLAMAR INVESTMENTS, LLC



Principal Place of Business
**1430 ROYAL PALM SQUARE BLVD #103
FORT MYERS, FL 33908 US**

Mailing Address
**1430 ROYAL PALM SQUARE BLVD #103
FORT MYERS, FL 33908 US**

60038260



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

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
86-1119043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEST BOOKKEEPING & TAX SERVICE, INC.
15660 SAN CARLOS BOULEVARD
32
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **BUDGETAK CORPORATION**

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

1430 ROYAL PALM SQUARE BLVD.

SUITE 103

City

FL

Zip Code

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

[Signature]

PRS.

4/29/08

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARAMESWARAN, ARUN
15660 SAN CARLOS BLVD. #32
FORT MYERS, FL 33908** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

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

[Signature]

4/29/08

239-481-5800

Date

Daytime Phone #