2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-04-2005 90433 018 ****50.00

DOCUMENT # L04000082803

1. Entity Name
PRAYOSHA SMOOTHIE LLC

Principal Place of Business	Mailing Address
1017 S. HIAWASSEE RD 3716 ORLANDO FL 32835	1017 S. HIAWASSEE RD 3716 ORLANDO FL 32835

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
PRAYOSHA-SMOOTHIE-LLC	SMOOTHIE 3 LLC
Suite, Apt. #, etc.: 1625-ORLANDO-N.P.BLVD	Suite, Apt. #, etc.: 1625-N-P-BLVD.
City & State: ORLANDO-F.L.	City & State: ORLANDO F.L.
Zip: 32765 Country: U.S.A	Zip: 32765 Country: U.S.A

4. FEI Number: 20-1881024 — 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
LIMBASIYA, RAMNIK M 1017 S. HIAWASSEE RD 3716 ORLANDO FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete LIMBASIYA, RAMNIK M 1017 S. HIAWASSEE RD., APT # 3716 ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BHATT, ASIT 830 BLACKLAND TERR., # 208 APOPKA FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete BRAHMBHATT, VIDYADHAR 6040 WESTGATE DRIVE, APT #103 ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: RAMNIK M. LIMBASIYA 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #