## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000092242

1. Entity Name LAKSYA HOLDINGS, LLC



**FILED** Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

700 LAUREL LANE WEST PEMBROKE PINES, FL 33027 700 LAUREL LANE WEST PEMBROKE PINES, FL 33027



03252007 No Chg-LLC

CR2E083 (11/05)

| 20-2095202 |  |
|------------|--|

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSSEAULT, NALINI 700 LAUREL LANE WEST PEMBROKE PINES, FL 33027

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED IN

## DO NOT WRITE IN THIS SDACE

|                                       |   | IN THIS STACE  |
|---------------------------------------|---|--|
|                                       | named entity submits this statement for the purpose of changing its regions of registered agent.  | stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Reg.  | patered Agent sensture required when renegating) DATE  |
|                                       |   | participation of the second se |
|                                       | lling Fee is \$50.00<br>ue by May 1, 2007   |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUSSEAULT, NALINI 700 LAUREL LANE WEST PEMBROKE PINES, FL 33027  | U00000688972<br>04/11/07-80017-011 50.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | 04/11/07-80017-011 50.00   |
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| indicated                             | certify that the information supplied with this filing does not qualify for the on this report is true and accurate and that my signature shall have the billity company or the receiver or trustee empowered to execute this rep | ne exemptions contained in Chapter 119, Florida Statutes. I further certify that the information as same legal effect as if made under oath; that I am a managing member or manager of the cort as required by Chapter 608, Florida Statutes.  |