

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093228

1. Entity Name  
COSMIC USA LLC



FILED  
06 FEB 28 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1951 N. MERIDIAN RD. APT. 23  
TALLAHASSEE, FL 32303

Mailing Address  
1951 N. MERIDIAN RD. APT. 23  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-2209139

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GADAM, BABU  
1951 N. MERIDIAN RD. APT. 23  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME GADAM, BABU  
STREET ADDRESS 1951 N. MERIDIAN RD. APT. 23  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE MGRM  
NAME PUTTUMARTHY, JAYALAKSHMI  
STREET ADDRESS 1951 N. MERIDIAN RD. APT. 23  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE MGRM  
NAME POTTUMARTHY JAYALAKSHMI  
STREET ADDRESS 1951 N. MERIDIAN RD, APT. 23  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Change ☐ Addition

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

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

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

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: P. V. Jayalakshmi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #