2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000005648

1. Entity Name
SHIVADIT INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
9474 WOODBREEZED AVE. WINDERMERE, FL 34786	9474 WOODBREEZED AVE. WINDERMERE, FL 34786

04212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-3293896
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VYAS, MANISH
9474 WOODBREEZED AVE
WINDERMERE, FL 34786

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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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when filing)

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

U00000320322
05/14/08-80039-011 2143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VYAS, MANISH
STREET ADDRESS	9474 WOODBREEZED AVE.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	VYAS, SEFALI
STREET ADDRESS	9474 WOODBREEZED AVE.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/21/08 407-977-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #