

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 28, 2008 08:00 AM
Secretary of State**DOCUMENT # L05000007061**1. Entity Name
DAREHSHORI INNERPRIZES LLCPrincipal Place of Business
**2402 PALM RIDGE RD PMB 155
SANIBEL, FL 33957**Mailing Address
**IFFT & CO. PA
11030 GRANADA LANE, STE 100
OVERLAND PARK, KS 66211**

07152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
37-1503192Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****STERN, JERROLD S
695 TARPON BAY ROAD
SANIBEL, FL 33957****DO NOT WRITE
IN THIS SPACE**

6. 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 renewing)

DATE _____

**FILE NOW!!! FEB 13 \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAREHSHORI, GEORGIA
STREET ADDRESS	2402 PALM RIDGE ROAD PMB 155
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	DAREHSHORI, GHOLI
STREET ADDRESS	2402 PALM RIDGE ROAD PMB 155
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000956548
07/28/08-80008-001 138.75**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # _____