


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009564 1. Entity Name SURYODAYA, LLC	
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FILED
 2008 SEP 17 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 US		Mailing Address 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09102008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 37-1503940		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PATEL, SHILPA A 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543		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 _____

<p>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 <i>Check has been sent prior (8/17/08)</i></p>	<p>In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, SHILPA A 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

508238900153
 8/25/08 \$138.75

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: *Shilpa Patel* (SHILPA A. PATEL) 9/10/08 813-786-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #