2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L05000010069

Entity Name: SIYA,LLC

Current Principal Place of Business:

8925 NORTH BLVD
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8925 NORTH BLVD
TAMPA, FL 33604

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, MAYANK
8925 NORTH BLVD
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PATEL, SAPNA	
Address:	8925 NORTH BLVD	
City-St-Zip:	TAMPA, FL 33604	
Title:	MGRM	( ) Delete
Name:	PATEL, RAJESH	
Address:	8925 NORTH BLVD	
City-St-Zip:	TAMPA, FL 33604	
Title:	MGRM	( ) Delete
Name:	PATEL, SANJAY	
Address:	8925 NORTH BLVD	
City-St-Zip:	TAMPA, FL 33604	
Title:	MGRM	( ) Delete
Name:	PATEL, MAYANK	
Address:	8925 NORTH BLVD	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAPNA PATEL MGRM 04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date