2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 01, 2007 8:00 am
Secretary of State
05-08-2007 90113 050 ****50.00

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1. Entity Name
SRIM HRIM ENTERPRISES, LLC

Principal Place of Business	Mailing Address
8900 E IRLO BROWSON HWY SAINT CLOUD, FL 34773	8900 E IRLO BROWSON HWY SAINT CLOUD, FL 34773

JUUUJJJL

04122007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2329380
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMBARRAN, OSCAR
3198 TOHO COURT
KISSIMMEE, FL 34744

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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: Y OF R. [signature] 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAMBARRAN, OSCAR
STREET ADDRESS	3198 TOHO COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	RAMBARRAN, HAYMAN
STREET ADDRESS	3198 TOHO COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	PATEL, KIRANBHAI J
STREET ADDRESS	413 JAMES PLACE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	MGRM
NAME	PATEL, SUNILKUMAR J
STREET ADDRESS	413 JAMES PLACE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	
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: Y OF R. [signature] 05-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #