

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90197 020 \*\*\*\*50.00

**DOCUMENT # L05000014455**

1. Entity Name  
**ARIES 77 SERVICES, LLC**



Principal Place of Business  
**2 OCEANS WEST BL., APT 401  
DAYTONA BEACH SHORES  
FL 32118**

Mailing Address  
**2 OCEANS WEST BL., APT 401  
DAYTONA BEACH SHORES  
FL 32118**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**25-1912503**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHETH, VIJAY S  
2 OCEANS WEST BL., APT. 401  
DAYTONA BEACH SHORES,  
FL 32118**

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 *Vijay Sheth* **VIJAY SHETH MGRM.**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SHETH, VIJAY S**  
STREET ADDRESS **2 OCEANS WEST BL., APT 401**  
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **SHETH, PANNA**  
STREET ADDRESS **2 OCEANS WEST BL., APT 401**  
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. 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:**

*Vijay Sheth*

**Feb 13, 2007**

**407-671-7832**

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #