

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT #C05000018361

1. Entity Name
LUSUSHARAJ ASSOCIATES LLC



Principal Place of Business
5642 GLENCREST BLVD
TAMPA, FL 33625

Mailing Address
5642 GLENCREST BLVD
TAMPA, FL 33625



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2388746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOBIN, PHIL L
5642 GLENCREST BLVD
TAMPA, FL 33625

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/07
DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOBIN, PHIL L
STREET ADDRESS	5642 GLENCREST BLVD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	MGR
NAME	GOBIN, SUSAN N
STREET ADDRESS	5642 GLENCREST BLVD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	MGR
NAME	GOBIN, PHILIPPE R
STREET ADDRESS	5642 GLENCREST BLVD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	MGR
NAME	GOBIN, SHIANNE N
STREET ADDRESS	5642 GLENCREST BLVD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000607627
01/31/07-80045-016 50.00

**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 #