


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000030608

1. Entity Name
VIVEK NEIL, LLC



Principal Place of Business: **1107 GLEN PARK LANE VALRICO, FL 33594**

Mailing Address: **1107 GLEN PARK LANE VALRICO, FL 33594**



01132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2455586	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PATEL, MINA S
 1107 GLEN PARK LANE
 VALRICO, FL 33594**

DO NOT WRITE 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000831857
 02/27/08-80036-015 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PATEL, MINA S 1107 GLEN PARK LANE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BHARATI LAKHABHAI GEDIA 2614 HOLLINGTON OAK PLACE BRANDON, FL 335117639
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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: *Mina S. Patel* **MINA PATEL** *2/15/08* **(813) 684-5256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dated: Phone #