

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000030609



1. Entity Name
BHAVIK RESHMA, LLC

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

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



01132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2455617

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Mailing 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

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

(NOTE: Registered Agent signature required when constitution)

DATE

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

000000831858
02/27/08-80036-016 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PATEL, MINA S
STREET ADDRESS	1107 GLEN PARK LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGR
NAME	BHARATI LAKHABHAI GEDIA
STREET ADDRESS	2614 HOLLINGTON OAK PLACE
CITY-ST-ZIP	BRANDON, FL 335117639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/08
Date

(813) 684-5256
Daytime Phone #