


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000043309

1. Entity Name
PUJA OF LAKE ALFRED, L.L.C.



Principal Place of Business 5617 HARRELL'S NURSERY ROAD LAKE LAND, FL 33813	Mailing Address 5617 HARRELL'S NURSERY ROAD LAKE LAND, FL 33813
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DO NOT WRITE IN THIS SPACE



05052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2773827	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIVEDI, BIMALKUMAR
 5617 HARRELL'S NURSERY ROAD
 LAKE LAND, FL 33813**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIVEDI, BIMALKUMAR 5617 HARRELL'S NURSERY ROAD LAKE LAND, FL 33813
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 06/03/08-80062-014 138.75

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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:  5/8/08 963-628-7601

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