

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045590 1. Entity Name VAIBHAV JEWELLERS, L.L.C.	
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Principal Place of Business 1209 U.S. HWY. 17-92 SOUTH LONGWOOD, FL 32750	Mailing Address 1209 U.S. HWY. 17-92 SOUTH LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2817477	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, MUKESH 1209 U.S. HWY. 17-92 SOUTH LONGWOOD, FL 32750
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PATEL, MUKESH 3418 FERNLAKE PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DAHYA, SUDHA 3418 FERNLAKE PLACE LONGWOOD, FL 32779
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03/12/07-80015-018 50.00

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: S. M. Dahya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-26-07
Date

407-696-0034
Daytime Phone #