

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051789

FILED
Sep 07, 2006
Secretary of State

Entity Name: VAYANI FISCAL PLANNING, CONSULTATION, & WEALTH MANAGEMENT LLC

Current Principal Place of Business:

16441 S. W. 29TH ST.
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

16441 S. W. 29TH ST.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VAYANI, AMMIR
16441 S.W. 29TH ST
MIRAMAR, FL 33027 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAYANI, AMMIR
Address: 16441 S.W. 29TH ST
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: VAYANI, ALI
Address: 14655 HARRIS PL
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM () Delete
Name: CHANG, ALISON
Address: 5875 SW 74 TERRACE APT.
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMMIR VAYANI

MGRM

09/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date