


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000060666 1. Entity Name NAVARASA ACADEMY OF PERFORMING ARTS, LLC	
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Principal Place of Business 11724 N 56 TAMPA, FL 33617	Mailing Address 15457 PLANTATON OAKS DR APT #1 TAMPA, FL 33647
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04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0748982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SRINIVAS, ANANDI 15457 PLANTATION OAKS DRIVE APT #1 TAMPA, FL 33647
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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 *S. Anandi* 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U000000943088
05/29/08-80045-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SRINIVAS, ANANDI 15457 PLANTATION OAKS DRIVE APT #1 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SRINIVAS, MRV 15457 PLANTATION OAKS DRIVE APT #1 TAMPA, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000943088
05/29/08-80045-021 5.00

**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: *S. Anandi* 4/28/08 813-507-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #