

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000066703	
1. Entity Name MAYUR INVESTMENTS, L.L.C.	

Principal Place of Business 1416 NORTH COMBEE ROAD LAKELAND FL 33801	Mailing Address 1416 NORTH COMBEE ROAD LAKELAND FL 33801
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-3106576		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOHILL, USHA 773 POWDER HORN ROW LAKELAND FL 33809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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's signature is required when registering.	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOHIL, USHA 773 POWDER HORN ROW LAKELAND FL 33809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000903787 04/30/08-80059-025 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOHIL, MAYUR 773 POWDER HORN ROW LAKELAND FL 33809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *mayur k. gohil* **MAYUR K. Gohil** **4-15-08** **863-644-1582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Capital Price