

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070064

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** VORA FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

6941 NW 112TH AVE  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

6941 NW 112TH AVE  
DORAL, FL 33178 US

**New Mailing Address:**

**FEI Number:** 20-3163064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VORA, NEERAJ A  
6941 NW 112TH AVE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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: VORA, SONIA  
Address: 6941 NW 112TH AVE  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM ( ) Delete  
Name: VORA, NEERAJ A  
Address: 6941 NW 112TH AVE  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES:**

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 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:** NEERAJ VORA

MGRM

01/24/2008

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