


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L05000074860 1. Entity Name CITYMASALA, LLC	
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Principal Place of Business 4211 ELBA PLACE VALRICO, FL 33594	Mailing Address 4211 ELBA PLACE VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



02282008No Chg-LLC

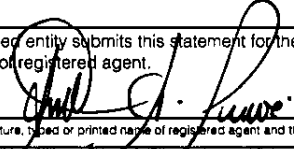
CR2E083 (12/07)

4. FEI Number 04-3823043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PUNWANI, AMEET A 1 TAMPA CITY CENTER STE 2505 TAMPA, FL 33602

**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 2-28-08

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAPHALI, JAIN 4211 ELBA PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHHAYA, TRIVEDI 4211 ELBA PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHISH, JAIN 4211 ELBA PLACE VALRICO, FL 33594
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03/21/08-80021-006 138.75

**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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date _____ Daytime Phone # _____