

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90030 027 ****50.00

DOCUMENT # L05000076269

1. Entity Name
DHANLAXMI, LLC



Principal Place of Business
**14070-1 BEACH BLVD
JACKSONVILLE, FL 32250 US**

Mailing Address
**14070-1 BEACH BLVD
JACKSONVILLE, FL 32250 US**

00038024



03022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3250895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, ATUL
12949 HUNTLEY MANOR DRIVE
JACKSONVILLE, FL 32224**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PATEL, ATUL
12949 HUNTLEY MANOR DRIVE
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JOSHI, JAYSHRI
14070-1 BEACH BLVD
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JOSHI, JAYDISH
14070-1 BEACH BLVD
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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

3/12/07

Date

850 212 4341

Daytime Phone #