AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 MAY -5 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400154604844
05/01/09--01002--024 **50.00

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DOCUMENT # L05000076269

1. Entity Name

DHANLAXMI LLC.

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2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
32653 BLUE STAR HIGHWAY				20-3250895	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ $5.00 Additional Fee Required
City & State MIDWAY, FL		City & State			
Zip 32343-2406	Country	Zip	Country		

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7. Name and Address of Current Registered Agent

Name PATEL, ATUL

Street Address (P.O. Box Number is Not Acceptable)

12949 HUNTLEY MANOR DRIVE

City JACKSONVILLE FL Zip Code 32224

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. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	PATEL, ATUL	NAME	
STREET ADDRESS	12949 HUNTLEY MANOR DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	JOSHI, JAYSHRI	NAME	
STREET ADDRESS	14070-1 BEACH BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	JOSHI, JAYDISH	NAME	
STREET ADDRESS	14070-1 BEACH BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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JB

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/17/09 Date

9049929193 Daytime Phone #