

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081854

Entity Name: RISHA, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

10141 UNIVERSITY BOULEVARD  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10141 UNIVERSITY BOULEVARD  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 86-1146928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, AMIT  
480 W DOERR PATH  
HERNANDO, FL 34442 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: SHAH, NIMISH  
Address: TWO COPLAND CT  
City-St-Zip: EAST WINDSOR, NJ 08520

Title: MGR ( ) Delete  
Name: DAVE, TUSHAR  
Address: 5619 ELMHURST CR # 115  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: DAVE, TUSHAR  
Address: 5036 CYPRESS BRANCH POINT  
City-St-Zip: OVIEDO, FL 32765

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: TUSHAR DAVE

MGR

03/20/2009

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