

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094445

1. Entity Name
GULATI PROPERTIES, LLC



Principal Place of Business
**1040 BICHARA BOULEVARD
LADY LAKE, FL 32159 US**

Mailing Address
**1040 BICHARA BOULEVARD
LADY LAKE, FL 32159 US**



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5372489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CYRUS, ROBERT R
214 NORTH THIRD STREET
A
LEESBURG, FL FL**

**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 _____

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

U000000910994
05/07/08-80020-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULATI, JAIDEEP 1040 BICHARA BOULEVARD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULATI, SUNDEEP 1040 BICHARA BOULEVARD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULATI, MONICA 1040 BICHARA BOULEVARD LADY LAKE, FL 32159
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

Date

Daytime Phone #

Jaideep Gulati 4-17-08 (352) 552-5027