

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-18-2006 90007 049 ****50.00

DOCUMENT # L05000096798 1. Entity Name YASH & KHUSHI MEHTA, L.L.C.			
Principal Place of Business 977 ENGLISH TOWN LANE #223 WINTER SPRINGS, FL 32708 — US		Mailing Address 977 ENGLISH TOWN LANE #223 WINTER SPRINGS, FL 32708 — US	
2. Principal Place of Business 213 Villa Dieste Terrace Suite, Apt. #, etc. #105		3. Mailing Address 213 Villa Dieste Terrace Suite, Apt. #, etc. #105	
City & State Lake Mary, FL Zip 32746		City & State Lake Mary, FL Zip 32746	
4. FFI Number 20-3554520		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 retitling)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEHTA, DEEPA K DMD ☐ Delete 977 ENGLISH TOWN LANE, #223 WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Deepa K. Mehta, D.N.D. ☒ Change ☐ Addition 213 Villa Dieste Terrace, #105 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEHTA, KALPESH C DMD ☐ Delete 977 ENGLISH TOWN LANE, #223 WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kalpesh C. Mehta, D.M.D. ☒ Change ☐ Addition 213 Villa Dieste Terrace, #105 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>Deepa Mehta</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>4/14/06</u> Date	