

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100025

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: GURU KULI HOLDING COMPANY, LLC

## Current Principal Place of Business:

7257 NW 4TH BLVD  
#73  
GAINESVILLE, FL 32607 US

## New Principal Place of Business:

20415 NW 113TH WAY  
ALACHUA, FL 32615 US

## Current Mailing Address:

PO BOX 1300  
ALACHUA, FL 32616 US

## New Mailing Address:

20415 NW 113TH WAY  
ALACHUA, FL 32615 US

FEI Number: 20-3797329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SYER, SERENE  
7257 NW 4TH BLVD  
#73  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

MOY, JEFFREY T  
20415 NW 113TH WAY  
ALACHUA, FL FL US

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: JEFFREY T. MOY

02/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SYER, SERENE  
Address: PO BOX 1300  
City-St-Zip: ALACHUA, FL 32616 US

Title: MGRM (X) Delete  
Name: ROMERO, GOVINDA  
Address: PO BOX 1300  
City-St-Zip: ALACHUA, FL 32616

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MOY, JEFFREY T  
Address: 20415 NW 113TH WAY  
City-St-Zip: ALACHUA, FL 32615 US

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

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: JEFFREY T. MOY

MGRM

02/06/2009

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