

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101614

FILED
Jun 23, 2009
Secretary of State

Entity Name: DARHAR LLC

Current Principal Place of Business:

5931 DRYDEN ROAD
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

22291 SANDS POINT DR
BOCA RATON, FL 33433 US

Current Mailing Address:

22291 SANDS POINT DR
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 20-3659957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEOL, SUKHMINDER MR
22291 SANDS POINT DR
BOCA RATON, FL 33433 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: MRS () Delete
Name: DEOL, DARSHAN
Address: 22291 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

Title: MRS () Delete
Name: KAUR, HARVINDER
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

Title: MR (X) Delete
Name: SINGH, AVTAR
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

Title: MS (X) Delete
Name: DEOL, KIRAN
Address: 22291 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

Title: MR (X) Delete
Name: DEOL, SUKHMINDER
Address: 22291 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

Title: MS (X) Delete
Name: SAUND, JASLIN
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEOL, DARSHAN
Address: 22291 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM (X) Change () Addition
Name: KAUR, HARVINDER
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

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

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

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: SDEOL

MGRM

06/23/2009

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