

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90086 009 ****55.00

DOCUMENT # L05000105501

1. Entity Name

SHREE ADINATH DEV LLC



Principal Place of Business

408 BAINBRIDGE
PANAMA CITY BEACH FL 32413

Mailing Address

408 BAINBRIDGE
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

SHREE ADINATH DEV LLC

3. Mailing Address

SHREE ADINATH DEV, LLC

Suite, Apt. #, etc.

408 BAINBRIDGE STREET

Suite, Apt. #, etc.

PANAMA CITY BEACH

City & State

PANAMA CITY BEACH, FL

City & State

FLORIDA PANAMA CITY BEACH

Zip

32413

Country

USA

Zip

32413

Country

USA

2nd MOORE

CR2E083 (4/06)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIOIELLO, JOHN L ESQ.
404 JENKS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name
RAJENDRA D. SHAH

Street Address (P.O. Box Number is Not Acceptable)

408 BAINBRIDGE STREET

City

PANAMA CITY BEACH

FL

Zip Code

32413

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)

8/1/06
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHAH, RAJENDRA
STREET ADDRESS 408 BAINBRIDGE AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/1/06

850-234-6247