

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105652

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ASHRAM OF SUWANNEE LLC.

**Current Principal Place of Business:**

CR 136 ACROSS FROM SHANDS HOSPITAL  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

518 SW WINDSOR DR  
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number:** 20-4576666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, BEEJAL  
802 WHITE AVE  
LIVE OAK, FL 32064 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: MGR  
Name: PATEL, SUNIL J  
Address: 518 SW WINDSOR DR  
City-St-Zip: LAKE CITY, FL 32024

Title: MGR  
Name: PATEL, BEEJAL  
Address: 802 WHITE AVE  
City-St-Zip: LIVE OAK, FL 32064

Title: OWNE  
Name: PATEL, PRAVINA S  
Address: 518 SW WINDSOR DR  
City-St-Zip: LAKE CITY, FL 32024

I hereby 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: SUNIL PATEL

OWNE

04/24/2012

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