

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106882

Entity Name: DESAI, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

4283 MORTON CT.
LAKELAND, FL 33813 US

New Principal Place of Business:

6579 EAGLE RIDGE WAY
LAKELAND, FL 33813 US

Current Mailing Address:

4283 MORTON CT.
LAKELAND, FL 33813 US

New Mailing Address:

6700 S FLORIDA AVE STE 25
LAKELAND, FL 33813 US

FEI Number: 20-3794322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, PRASHANT
4283 MORTON CT.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

DESAI, PRASHANT
6579 EAGLE RIDGE WAY
LAKELAND, FL 33813 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: PRASHANT DESAI

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DESAI, PRASHANT
Address: 4283 MORTON CT.
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR () Delete
Name: DESAI, NISHA
Address: 4283 MORTON CT.
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DESAI, PRASHANT
Address: 6579 EAGLE RIDGE WAY
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR (X) Change () Addition
Name: DESAI, NISHA
Address: 6579 EAGLE RIDGE WAY
City-St-Zip: LAKELAND, FL 33813 US

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: PRASHANT DESAI

MGRM

04/06/2009

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