

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122841

FILED
Apr 29, 2007
Secretary of State

Entity Name: FLEMING AND HEMALATHA, LLC

Current Principal Place of Business:

684 CRANE PRAIRIE WAY
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

684 CRANE PRAIRIE WAY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-4003836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBRIDGE, C. KELLEY ESQ
CORBRIDGE & BECHTOLD, P.A.
240 NOKOMIS AVENUE SOUTH, SUITE 200
VENICE, FL 34285 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 () Delete
Name: SALLAPUDI, FLEMING V
Address: 684 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: MGR () Delete
Name: SALLAPUDI, HEMALATHA R
Address: 684 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SALLAPUDI, NITIN
Address: 684 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

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: FLEMING V SALLAPUDI

MGR

04/29/2007

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