2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L05000122841

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

ADDITIONS/CHANGES:

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

Title: ( ) Change ( ) Addition
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: NITIN SALLAPUDI MGR 04/24/2009

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