

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90036 014 \*\*\*\*50.00

DOCUMENT # L06000004224

1. Entity Name  
JAHAN LLC



Principal Place of Business  
899 SPRING GARDEN AVENUE  
DELAND, FL 32724

Mailing Address  
899 SPRING GARDEN AVENUE  
DELAND, FL 32724

60038337



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-4118018

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAHAN, RUHIPAR  
899 SPRING GARDEN AVENUE  
DELAND, FL 32724

Name

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

City

FL

Zip Code

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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NUR, NAZMUN  
STREET ADDRESS 899 SPRING GARDEN AVENUE  
CITY - ST - ZIP DELAND, FL 32724 ☐ Delete

TITLE MGR  
NAME AKTER, NAZMA  
STREET ADDRESS 899 SPRING GARDEN AVENUE  
CITY - ST - ZIP DELAND, FL 32724 ☐ Delete

TITLE MGR  
NAME JAHAN, RUHIPAR  
STREET ADDRESS 899 SPRING GARDEN AVENUE  
CITY - ST - ZIP DELAND, FL 32724 ☐ 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

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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 #

04/05/07