

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036818

Entity Name: RAKHI MUTREJA, LLC

FILED  
Aug 14, 2007  
Secretary of State

## Current Principal Place of Business:

2921 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414

## New Principal Place of Business:

7963 NW 127TH LANE  
5D  
PARKLAND, FL 33076

## Current Mailing Address:

2921 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414

## New Mailing Address:

7963 NW 127TH LANE  
5D  
PARKLAND, FL 33076

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MUTREJA, RAKHI  
2921 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

MUTREJA, RAKHI  
7963 NW 127TH LANE  
5D  
PARKLAND, FL 33076 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: RAKHI MUTREJA

08/14/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MUTREJA, RAKHI  
Address: 2921 SHAUGHNESSY DRIVE  
City-St-Zip: WELLINGTON, FL 33414 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MUTREJA, RAKHI  
Address: 7963 NW 127TH LANE, #5D  
City-St-Zip: PARKLAND, FL 33076 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: RAKHI MUTREJA

MGRM

08/14/2007

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