2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90054 001 *****5.00
02-01-2007 90054 002 ****50.00

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01032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000059649

1. Entity Name
DHAN CHAND, LLC

Principal Place of Business
447 BELHAVEN FALLS DRIVE
OCOEE, FL 34761 US
SEE BLOCK 2

Mailing Address
447 BELHAVEN FALLS DRIVE
OCOEE, FL 34761 US

2. Principal Place of Business - No P.O. Box # 1164 NW 120TH ST. TERRACE
Suite, Apt. #, etc.
GAINSVILLE
City & State
FLORIDA
Zip 32606
Country USA

3. Mailing Address 447 BELHAVEN FALLS DR
Suite, Apt. #, etc.
OCOEE
City & State
FLORIDA
Zip 34761
Country U.S.A.

4. FEI Number 22-3950530 Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PERSAUD, DHAN
447 BELHAVEN FALLS DRIVE
OCOEE, FL 34761

7. Name and Address of New Registered Agent
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's signature required when changing) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ☐ Delete PERSAUD, DHAN 447 BELHAVEN FALLS DRIVE OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ☐ Delete PERSAUD, CHAND 447 BELHAVEN FALLS DRIVE OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	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: Dhan Persaud JANUARY 26, 2007 (407) 489-9735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # Cell