

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90041 004 ****50.00

DOCUMENT # L06000072153

1. Entity Name
KRIS PERSAUD, LLC



Principal Place of Business
**4236 BOKEELIA LOOP
CLERMONT, FL 34711**

Mailing Address
**4236 BOKEELIA LOOP
CLERMONT, FL 34711**

60052647



2. Principal Place of Business - No P.O. Box #
4429 POWDERHORN PLACE DR
Suite, Apt. #, etc.

3. Mailing Address
4429 POWDERHORN PLACE DR
Suite, Apt. #, etc.

07122007 Chg-LLC CR2E083 (12/06)

City & State
CLERMONT FLORIDA

City & State
CLERMONT FLORIDA

4. FEI Number
59152302
Applied For
Not Applicable

Zip
34711
Country
USA

Zip
34711
Country
USA

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

6. Name and Address of Current Registered Agent
**PERSAUD, KRISHONDAT
4236 BOKEELIA LOOP
CLERMONT, FL 34711**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERSAUD, KRISHONDAT		NAME		
STREET ADDRESS	4236 BOKEELIA LOOP		STREET ADDRESS	4429 POWDERHORN PLACE DR	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **KRISHONDAT PERSAUD** 7/12/07 407-341-9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #