## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000077166** 

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

## FILED Aug 23, 2007 8:00 am Secretary of State 07-30-2007 90027 039 \*\*\*\*50.00

Change

☐ Change

☐ Addition

☐ Addition

1. Entity Next	PURUSHOTHAM, LLC						
Principal Plac	e of Business	Mailing Address	<u> </u>				
711 HARVAR Brooksvill	20 street .e, fl 34601 us	711 HARVARD STREET Brooksville, fl. 34601 us			66021346		
	•			1 (60)(6)	AND REFINE ASIAN ARRIVA REGINE RESINE RESINE A	ITI IBT EL HIDIN ADID O	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. W. etc.		Suite, Apt. #, etc.		07172007	7 Chg-LLC CR	2E083 (12/06)	
City & Stat	e	City & State		4. FEI Nurr	20-535246	2	optied For
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$5.00 Ad	ditional
	5. Name and Address of Curren	t Registered Agent	1.	7. Hemo a	nd Address of New Ragister		ю
			Name				
711 HARV	OTHAM, SHANTA PARD STREET VILLE, FL 34601		Street Address (F		iber is Not Acceptable)		
BROOKS	/ILLE, FL 34001						
			City			Zip Code	
	named entity submits this statement lions of registered agent.  Signature typed or printed name of registered agent.			or registered agent, or i	DAME STATE OF Florida. I		and accept
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State		
9	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANG	BES	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM PURUSHOTHAM, SHANTA 711 HARVARD STREET BROOKSVILLE, FL 34601	☐ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletz	TITLE NAME STREET ADDRESS CITY-ST-7P			☐ Change	Addition
TITLE		☐ Delete	TITLE	<u> </u>		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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

SIGNATURE:	Suarrey	Lucus	SHANTA.A. PURUSHOTHAM	7/25/07	352-799-0135
EXMATURE	AND TYPED OR PRINTED H	AME OF EXCHANG MAKAGING	D MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Davisma Phone E