

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 005 ****50.00

DOCUMENT # L06000077232 1. Entity Name SHIVAMS RECORDING STUDIO L.L.C.			
Principal Place of Business 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837		Mailing Address 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 619 N. Pine Hills Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State Orlando, FL	
Zip 		Zip 32808	
Country 		Country Orange	
4. FEI Number 161768159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLINO, SAVITA 12022 PRAIRIE MEADOWS ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Savita Pellino</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/07</u>			
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 PELLINO, SAVITA 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARWAT, MAHESH 1900 AMERICANA BLVD ORLANDO, FL 32824 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AJODHA, CHRISTINE 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOSEIN, CHRISTIE 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOSEIN, CRISTAL 12022 PRAIRIE MEADOWS DR ORLANDO, FL 32837 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARWAT, SHIVAM 1900 AMERICANA BLVD ORLANDO, FL 32837 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <u><i>Savita Pellino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/21/07</u> Daytime Phone #	