

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080229

FILED
May 08, 2007
Secretary of State

Entity Name: SHRI SHIV SHAKTI OF ORLANDO, L.L.C.

Current Principal Place of Business:

8000 HIGHWAY 17-92
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

8000 HIGHWAY 17-92
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 20-5407678 FEI Number Applied For () FEI Number Not Applicable () 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:

MEHTA, SITANSHU J
8000 HIGHWAY 17-92
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEHTA, SITANSHU J
Address: 8000 HIGHWAY 17-92
City-St-Zip: FERN PARK, FL 32730

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: VANKAWALA, HEENA
Address: 38 OLYMPIA LANE
City-St-Zip: SICKLERVILLE, NJ 08081

Title: MGRM () Change (X) Addition
Name: PATEL, PRADIP
Address: 501 RONALD AVENUE
City-St-Zip: GLASSBORO, NJ 08028

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: SITANSHU MEHTA

MGRM

05/08/2007

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