


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000082678
 1. Entity Name
SHASTI ENTERPRISES, LLC



Principal Place of Business Mailing Address
110 E REYNOLD STREET STE 804 **110 E REYNOLD STREET STE 804**
PLANT CITY, FL 33563 **PLANT CITY, FL 33563**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5473710	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHASTI-NAZEM, M ALI
110 E REYNOLD STREET STE 804
PLANT CITY, FL 33563

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

0000000923379
 05/16/08-80028-010 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHASTI-NAZEM, M ALI 110 E REYNOLD STREET STE 804 PLANT CITY, FL 33563
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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:  **4-23-08 (813) 707-8336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #