

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087044

FILED
Sep 03, 2009
Secretary of State

Entity Name: SPICE GARDEN, L.L.C.

Current Principal Place of Business:

5000 PARK FOREST LOOP
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

5000 PARK FOREST LOOP
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 20-5492926 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:

Name and Address of New Registered Agent:

GUPTA, RAVINDER
5950 LAKEHURST DR
SUITE 177
ORLANDO, FL 32819 US

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: GUPTA, RAVINDER
Address: 5950 LAKEHURST DR SUITE 177
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: PATEL, RAKESH R
Address: 5000 PARK FOREST LOOP
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Delete
Name: BATRA, DINESH
Address: 3215 SMOKE SIGNAL CIR
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

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

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

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

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: RAKESHKUMAR

MBR

09/03/2009

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