

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90236 045 ***138.75

DOCUMENT # L06000091448 1. Entity Name YUVA LLC					
Principal Place of Business 5707 DOT COM COURT SUITE #1079 OVIEDO, FL 32765 US			Mailing Address 5707 DOT COM COURT SUITE #1079 OVIEDO, FL 32765 US		
2. Principal Place of Business - No P.O. Box # 5700 DOT COM COURT Suite, Apt. #, etc. SUITE #1000 City & State OVIEDO, FL Zip 32765		3. Mailing Address 5700 DOT COM COURT Suite, Apt. #, etc. SUITE #1000 City & State OVIEDO, FL Zip 32765		4. FEI Number 20-5700762 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAWHAN, BHAVINI 14520 GAINESBOROUGH DR ORLANDO, FL 32826				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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>Bhavini Chawhan</i></u> Bhavini Chawhan 3/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHAWHAN, BHAVINI 14520 GAINESBOROUGH DR ORLANDO, FL 32826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAWHAN, VISHAL P 14520 GAINESBOROUGH DR ORLANDO, FL 32826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHUNILAL, VISHAL 14520 GAINESBOROUGH DR. ORLANDO, FL 32826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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>Bhavini Chawhan</i></u> Bhavini Chawhan		Date 3/7/08		Daytime Phone # 407 927-0927	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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