

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State**DOCUMENT # L06000109509**1. Entity Name
LALANI INVESTMENTS, L.L.C.Principal Place of Business
9020 PECKY CYPRESS WAY
ORLANDO, FL 32836Mailing Address
9020 PECKY CYPRESS WAY
ORLANDO, FL 32836

04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-5899557Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

LALANI, NOORUDDIN
9020 PECKY CYPRESS WAY
ORLANDO, FL 32836**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LALANI, NOORUDDIN
9020 PECKY CYPRESS WAY
ORLANDO, FL 32836TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**L06000109509
05/23/08-80013-005 138.75

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #