

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115527

FILED
Apr 23, 2009
Secretary of State

Entity Name: RHEEYA & SHAYAN'S DOUGH II, LLC

Current Principal Place of Business:

11426 DUTCH IRIS DRIVE
RIVERVIEW, FL 33578 US

New Principal Place of Business:

2223 N. WESTSHORE BLVD #230A
TAMPA, FL 33607 US

Current Mailing Address:

11426 DUTCH IRIS DRIVE
RIVERVIEW, FL 33578 US

New Mailing Address:

FEI Number: 20-5980221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ALPESH
11426 DUTCH IRIS DRIVE
RIVERVIEW, FL 33578 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: PATEL, ALPESH
Address: 11426 DUTCH IRIS DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: MGRM () Delete
Name: PATEL, SEJAL
Address: 11426 DUTCH IRIS DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: MGRM (X) Delete
Name: RAFIQ, MOHAMMED
Address: 11426 DUTCH IRIS DRIVE
City-St-Zip: RIVERVIEW, FL 33578 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: ALPESH PATEL

MGRM

04/23/2009

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