

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122042

Entity Name: SHRINATH LLC

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

8595 COLLEGE PARKWAY
B14
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

14453 REFLECTION LAKES DR
FORT MYERS, FL 33907

New Mailing Address:

8595 COLLEGE PARKWAY
B14
FORT MYERS, FL 33919

FEI Number: 20-8096525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, KETUL A
14453 REFLECTION LAKES DR
FORT MYERS, FL 33907 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, KETUL A
Address: 14453 REFLCETION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

Title: MGR (X) Delete
Name: PATEL, NIKITA K
Address: 14453 REFLCETION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: PATEL, ARUN U
Address: 14453 REFLCETION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

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: KETUL PATEL

MGRM

03/13/2008

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