

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000000622

1. Entity Name
PRAKHYA RESEARCH LABS LLC



FILED

08 AUG 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4049 LIONHEART DRIVE
JACKSONVILLE, FL 32216

Mailing Address
4049 LIONHEART DRIVE
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
4242 HIGHWOOD DR

Suite, Apt. #, etc.
4242 HIGHWOOD DR

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32216

Country

Zip
32216

Country

06242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8252842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRAKHYA, SESIDHAR
4049 LIONHEART DRIVE
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRAKHYA, SESIDHAR
4242 HIGHWOOD DR, JACKSONVILLE
FL-32216 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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08/13/08--01027--007 **538.75 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-30-2008

Date

904-446-5822

Daytime Phone #