

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90010 047 ***138.75

DOCUMENT # L07000004950					
1. Entity Name LAXMI NARAYAN LLC					
Principal Place of Business 3345 FOWLER STREET FORT MYERS, FL 33901 US			Mailing Address 3345 FOWLER STREET FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8232657	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLEOD, RODERICK D 3345 FOWLER STREET FORT MYERS, FL 33901			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____					
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	MGR PATEL, CHETAN 3345 FOWLER STREET FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL PANKAJ N 1001 SOUTH STREET RD 7 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESAI AJAY 7067 RADIO RD NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS 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: _____			4/21/08 -		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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