

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004950

Entity Name: LAXMI NARAYAN LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

3345 FOWLER STREET  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

3345 FOWLER STREET  
FORT MYERS, FL 33901 US

**New Mailing Address:**

FEI Number: 20-8232657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLEOD, RODERICK D  
3345 FOWLER STREET  
FORT MYERS, FL 33901 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: MGR ( ) Delete  
Name: PATEL, CHETAN  
Address: 3345 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGR ( ) Delete  
Name: PANEAS, PATEL N  
Address: 1001 SOUTH STREET RD 7  
City-St-Zip: PLANTATION, FL 33317

Title: MGR ( ) Delete  
Name: AJAN, DESAI  
Address: 7067 RADIO RD  
City-St-Zip: NAPLES, FL 34104

**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: CHETAN PATEL

MGR

04/29/2009

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