2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # L07000014017** 04-30-2008 90017 023 ***138.75 SANÁVI MANAGEMENT, LLC Principal Place of Business Mailino Address 2442 NEWFOUND HARBOR DRIVE 2442 NEWFOUND HARBOR DRIVE 50004978 MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Ý 20-8427540 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGGARWAL, SAROJ Street Address (P.O. Box Number is Not Acceptable) 2442 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952 City 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 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MCR TITLE ☐ Delete IIILE ☐ Change ■ Addition NAME AGGARWAL, SAROJ NAME STREET ADDRESS 2442 NEWFOUND HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-7IP MLE ☐ Delete ☐ Change ☐ Addition TITLE NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF ☐ Delete ☐ Change TITLE TIRE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Change ☐ Detete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C SAROJ AGGARWAL Y/28/08

Channe Channe

☐ Addition

FILED