

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024147

Entity Name: PU HOLDINGS, LLC

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

10699 VERSAILLES BLVD.
WELLINGTON, FL 33467

New Principal Place of Business:

10699 VERSAILLES BLVD.
WELLINGTON, FL 33449 US

Current Mailing Address:

10699 VERSAILLES BLVD.
WELLINGTON, FL 33467

New Mailing Address:

10699 VERSAILLES BLVD.
WELLINGTON, FL 33449 US

FEI Number: 20-8591459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIAR, RAJU
7737 N. UNIVERSITY DRIVE, #201
TAMARAC, FL 33321 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: HARNAL, UMESH
Address: 10699 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: HARNAL, PAMI
Address: 10699 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARNAL, UMESH
Address: 10699 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM (X) Change () Addition
Name: HARNAL, PAMI
Address: 10699 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467 US

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: HARNAL UMESH

MGRM

02/05/2008

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