

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039684

Entity Name: SKRAYAN LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

9307 CYPRESS BEND DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9307 CYPRESS BEND DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 77-0694385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAYAN, SHRUTI K
9307 CYPRESS BEND DR
TAMPA, FL 33647 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: RAYAN, PRASANNA C
Address: 9307 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: RAYAN, SHRUTI K
Address: 9307 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: RAYAN, MIHIR K
Address: 9307 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: RAYAN, RAJANI M
Address: 9307 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

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:

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: SHRUTI K RAYAN

MGRM

01/16/2009

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