2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

10. TITLE

MALKE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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502 W ROSEWOOD LN .

TAVARES, FL 32778

DOCUMENT # L07000039871

1. Entity Name
GURUPRIT, LLC

Principal Place of Business

502 W. ROSEWOOD LN TAVARES, FL 32778

Suite, Apt. #, etc.

KAPADIA, VISPY N. 1

502 W. ROSEWOOD IN TAVARES, FL 32778

the obligations of registreed agent.

MGR

City & State

ZΙσ

9.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-71P TITLE

CITY-ST-ZIP

CITY-ST-7IP

2. Principal Place of Business - No P.O. Box #

Country

SIGNATURE Signature, typed or printed name of registered agent and little II applicable

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

KAPADIA, VISPY N

502 W. ROSEWOOD LN

TAVARES, FL 32778

PATEL, PRAGNESH H

1197 BENTLEY RD #3

LEESBURG, FL 34748

NOBLE, MEHERNOSH H

1197 BENTLEY RD #3

LEESBURG, FL 34748

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

FILED Sep 10, 2008 8:00 am Secretary of State 04-30-2008 90021 022 ***150.00 30011262 03152008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 30-0415210 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 DATE Make check payable to Florida Department of State ADDITIONS/CHANGES ☐ Addition ☐ Chance STREET ADDRESS □ Change Addition STREET ADDRESS Addition STREET ADDRESS Change - Addition STREET ADDRESS

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Addition

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CITY-ST-ZIP CITY-ST-ZIP 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.

20 0 Y SIGNATURE: NTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

GURUPRIT, LLC 502 W ROSEWOOD LN TAVARES, FL 32778

Subject: GURUPRIT, LLC

Reference Number:

L07000039871

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

ANNUAL REPORTS SECTION Call on 28 Ang 2008.

As I had 3 poker on the phone with the sepresentative I had gone on the vacation for three months and assired on 25 than and she told me to write the FE/ no on the form and mailed it to me the dept. My phone # 352 7420159 or cell 352 217 2816 it needed.

Vispy Kapadia. Thank you.

Wapadia.