

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ **FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90101 011 \*\*\*138.75

<b>DOCUMENT # L07000056291</b> 1. Entity Name <b>CHARIOTT CONSULTING, LLC.</b>					
Principal Place of Business <b>5831 SW 87TH ST OCALA, FL 34476</b>			Mailing Address <b>5831 SW 87TH ST OCALA, FL 34476</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>RAJKOTIA, PURVA R 5831 SW 87TH ST OCALA, FL 34476</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b> Zip Code _____</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAJKOTIA, PURVA R 5831 SW 87TH ST OCALA, FL 34476	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
SIGNATURE: <u>P. R. Rajkoti</u>				2/20/08 352-789-1637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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