


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90131 018 \*\*\*138.75

<b>DOCUMENT # L07000066092</b> 1. Entity Name 3901 NW, LLC					
Principal Place of Business 3901 NW GAINESVILLE ROAD, OCALA, FL 34475 US			Mailing Address 35 - 49 38TH STREET ASTORIA, NY 11101 US		
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		Country		4. FEI Number 26-0426803	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required...	
6. Name and Address of Current Registered Agent  LALL, GLADY 18250 NE 40TH STREET WILLISTON, FL 32696				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOOKPAUL, ENDRANEE 35 - 49 38TH STREET ASTORIA, NY 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOOKPAUL, LUW 35 - 49 38TH STREET ASTORIA, NY 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOOKPAUL, JAGDEASH 35 - 49 38TH STREET ASTORIA, NY 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMDAS, GAITRIE 14 - 36 28TH AVENUE ASTORIA, NY 11102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMDAS, GAITRIE 14 - 36 28TH AVENUE ASTORIA, NY 11102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMDAS, GAITRIE 14 - 36 28TH AVENUE ASTORIA, NY 11102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMDAS, GAITRIE 14 - 36 28TH AVENUE ASTORIA, NY 11102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMDAS, GAITRIE 14 - 36 28TH AVENUE ASTORIA, NY 11102	<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 608, Florida Statutes.					
<b>SIGNATURE</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					