

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075100

Entity Name: KASHAN PUBLISHERS, LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

8714 WINDSOR POINTE DR,
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

8714 WINDSOR POINTE DR,
ORLANDO, FL 32829

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAMMADIAN, SOHEILA
13745 HUNTWICK DRIVE, STE. 102
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MOHAMMADIAN, SOHEILA
8714 WINDSOR POINTE DR
ORLANDO, FL 32829 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOHAMMADIAN, SOHEILA
Address: 13745 HUNTWICK DRIVE, STE. 102
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: ABDELRAHMAN, ZAFIR
Address: 13745 HUNTWICK DRIVE, STE. 102
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOHAMMADIAN, SOHEILA
Address: 8714 WINDSOR POINTE DR
City-St-Zip: ORLANDO, FL 32829

Title: MGRM (X) Change () Addition
Name: ABDELRAHMAN, ZAFIR
Address: 8714 WINDSOR POINTE DR
City-St-Zip: ORLANDO, FL 32829

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: SOHEILA MOHAMMADIAN

MGRM

04/26/2009

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