

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90053 008 ***138.75

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07172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000083734 1. Entity Name SAI AYURVEDIC SCHOOL OF MIAMI, LLC					
Principal Place of Business 7800 RED ROAD SUITE 211 MIAMI, FL 33143 US			Mailing Address 7800 RED ROAD SUITE 211 MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box # 9718 SW 138TH AVENUE Suite, Apt. #, etc.			3. Mailing Address 9718 SW 138TH AVENUE Suite, Apt. #, etc.		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 26-0724048	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE 8-1-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELLO, SOCORRO 9718 SW 138TH AVE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELLO, ARMANDO 9718 SW 138TH AVE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELLO, ARMANDO 9718 SW 138TH AVE MIAMI, FL 33186	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELLO, ARMANDO 9718 SW 138TH AVE MIAMI, FL 33186	<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.					
SIGNATURE:				Date 8-1-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	