

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083734

FILED
Jan 27, 2009
Secretary of State

Entity Name: SAI AYURVEDIC COLLEGE & AYURVEDIC WELLNESS CENTER LLC

Current Principal Place of Business:

9718 SW 138TH AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

9000 SW 137TH AVENUE
SUITE 220
MIAMI, FL 33186 US

Current Mailing Address:

9718 SW 138TH AVENUE
MIAMI, FL 33186 US

New Mailing Address:

9000 SW 137TH AVENUE
SUITE 220
MIAMI, FL 33186 US

FEI Number: 26-0724048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TELLO, SOCORRO
Address: 9718 SW 138TH AVE
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: TELLO, ARMANDO
Address: 9718 SW 138TH AVE
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: TELLO, SOCORRO
Address: 9000 SW 137TH AVENUE, SUITE 220
City-St-Zip: MIAMI, FL 33186 US

Title: VP (X) Change () Addition
Name: TELLO, ARMANDO
Address: 9000 SW 137TH AVENUE, SUITE 220
City-St-Zip: MIAMI, FL 33186 US

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: SOCORRO TELLO

PRES

01/27/2009

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