


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-23-2008 90125 036 ***138.75

DOCUMENT # L07000088442	
1. Entity Name JAYA RADHE ENTERPRISES, LLC	

Principal Place of Business 600 W LAS OLAS BLVD APT 801 S FT LAUDERDALE, FL 33312	Mailing Address 600 W LAS OLAS BLVD APT 801 S FT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 610 W LAS OLAS BLVD	3. Mailing Address P.O. Box 9466
Suite, Apt. #, etc. 516 N	Suite, Apt. #, etc.

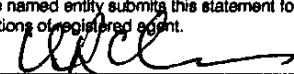
City & State FT. Lauderdale	City & State FT. Lauderdale
Zip 33312	Country U.S.
Zip 33310	Country U.S.



06052008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SEEPERSAD, JAGDEO 600 W LAS OLAS BLVD APT 801 S FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name USHA R. CHOON Street Address (P.O. Box Number is Not Acceptable) 610 W LAS OLAS BLVD City FT. Lauderdale FL Zip Code 33312	
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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  DATE **06/04/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOON, SAMANTHA 610 W LAS OLAS BLVD FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	USHA R. CHOON, MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 610 W LAS OLAS BLVD FL. Land. FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEPERSAD, RANDY 600 W LAS OLAS BLVD FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEPERSAD, RYAN 600 W LAS OLAS BLVD FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEPERSAD, TRICIA 600 W LAS OLAS BLVD FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEPERSAD, TIA 600 W LAS OLAS BLVD FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEEPERSAD, JAGDEO <input checked="" type="checkbox"/> Delete 600 W LAS OLAS BLVD FT. Lauderdale FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **06/04/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/23/2008-90125-036-\$138.75-\$138.75

DOCUMENT # L07000088442

1. Entity Name
JAYA RADHE ENTERPRISES, LLC



ATTACHMENT

30009098

Principal Place of Business
**600 W LAS OLAS BLVD
APT 801 S
FT LAUDERDALE, FL 33312**

Mailing Address
**600 W LAS OLAS BLVD
APT 801 S
FT LAUDERDALE, FL 33312**

2. Principal Place of Business - No P.O. Box #
610 W LAS OLAS BLVD
Suite, Apt. #, etc.
516 N

3. Mailing Address
610 W LAS OLAS BLVD
Suite, Apt. #, etc.
516 N

04182008 Chg-LLC CR2E083 (12/06)

City & State
FT. Lauderdale FL
Zip
33312

City & State
FT. Lauderdale FL
Zip
33312

4. FEI Number
14-2007116

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**SEEPERSAD, JAGDEO
600 W LAS OLAS BLVD
APT 801 S
FT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent
Name **USHA R. CHOON**
Street Address (P.O. Box Number is Not Acceptable)
610 W LAS OLAS BLVD, 516 N
FT. Lauderdale FL
City **FT. Lauderdale** FL Zip Code **33312**

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 **URC**

DATE **04/21/08**

FILE NOW!! FEE'S \$138.75
After May 1, 2008 Fee will be \$638.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOON, SAMANTHA		NAME	
STREET ADDRESS	610 W LAS OLAS BLVD		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEPERSAD, RANDY		NAME	
STREET ADDRESS	600 W LAS OLAS BLVD		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEPERSAD, RYAN		NAME	
STREET ADDRESS	600 W LAS OLAS BLVD		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEPERSAD, TRICIA		NAME	
STREET ADDRESS	600 W LAS OLAS BLVD		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEPERSAD, TIA		NAME	
STREET ADDRESS	600 W LAS OLAS BLVD		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 605, Florida Statutes.

SIGNATURE: **URC**

DATE **04/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #

ATTACHMENT
30009098

To: Florida Department of State
Divisions of Corporations

Dated: June 04, 2008

Subject: Jaya Radhe Enterprises, LLC

Reference # L07000066442

Sir/Madam,

I have received a copy of my annual business report which was not filed.

After the application was initially filed there were several members who were subsequently deleted, so that the only person who is on record on this company is :Usha R Choon whose particulars are listed on the report. The information on the report is current and up to date.

Also, the attached letter that was sent to me contained an incorrect address and was only received in my mail box June 04, 2008. My up to date mailing address is listed on the report.

Thank you for your cooperation,


Usha Choon, Mgr