2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# L07000088750

Entity Name: CAFE SORAIYA, LLC

Current Principal Place of Business:

13212 SWAN SEA AVE.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13212 SWAN SEA AVE.
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 26-0813349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKSH, LALTYA
13212 SWAN SEA AVENUE
WINDERMERE, FL 34786 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: MGR ( ) Delete
Name: BAKSH, SHEIK
Address: 20 N. ORANGE AVENUE, SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: BAKSH, LALYTA
Address: 20 N. ORANGE AVENUE, SUITE 600
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BAKSH, SHEIK
Address: 13212 SWAN SEA AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR (X) Change ( ) Addition
Name: BAKSH, LALYTA
Address: 13212 SWAN SEA AVENUE
City-St-Zip: WINDERMERE, FL 34786

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: SHEIK BAKSH MGR 09/02/2008

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