FILED
May 22, 2008 8:00 am
Secretary of State

04-23-2008 90129 015 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

DOCUMENT # L07000090772

1. Entity Name
TUNDURREE, LLC

30007335

Principal Place of Business	Mailing Address
4004 W NEPTUNE ST STE 103 TAMPA, FL 33629 US	1918 PELICAN LANDING BLVD APT 1111 CLEARWATER, FL 33762 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 26-0840132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BHAVA, SARAVANA 1918 PELICAN LANDING BLVD APT 1111 CLEARWATER, FL 33762	Name: PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable): 30632 IVERSON DR City: WESLEY CHAPEL FL Zip Code: 33543

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 ____ AMEET PUNWANI ____ DATE
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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BHAVA, SARAVANA 1918 PELICAN LANDING BLVD, APT 1111 CLEARWATER, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ____ SARAVANA BHAVA 4/20/08 813-484-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 30007335
TUNDUREE LLC #L07000090772

To,
FLORIDA Dept of STATE
Division of Corporations.

MAY 19, 2008

Please refer to your letter dated May 5, 2008 with reference No - L07000090772 regarding incomplete Annual report filed. The copy of the report is hereby reset with the FEI Number duely filled.

Sorry for the Inconvenience.

SARAVANA BHAVA
(OWNER)