

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092934

FILED
Apr 30, 2008
Secretary of State

Entity Name: SURYA INNOVATIONS LLC

Current Principal Place of Business:

9497 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

9497 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 26-0904857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSALIA, AJIT V
9497 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 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: HANSALIA, AJIT V
Address: 9497 SOUTHERN GARDEN CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: CASSOD, VISPI
Address: 462 CRAWFORD STREET
City-St-Zip: SHREWSBURY TWP., NJ 07724 US

Title: MGR () Delete
Name: GHETIA, GAUTAM
Address: 500 ADAMS LANE APT. 10N
City-St-Zip: NORTH BRUNSWICK, NJ 08902

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AJIT HANSALIA

MGRM

04/30/2008

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