

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105035

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SOOD NAPLES, LLC

**Current Principal Place of Business:**

3430 GULF SHORE BLVD  
MADRID CLUB UNIT 6F  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

10559 CHATHAM COURT  
CARMEL, IN 46032 US

**New Mailing Address:**

FEI Number: 26-1242267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORRESTER HART & BELISLE, PL  
1429 COLONIAL BLVD  
STE 201  
FORT MYERS, FL 33907 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: SOOD, RAJIV DR  
Address: 10559 CHATHAM COURT  
City-St-Zip: CARMEL, IN 46032 US

Title: MGRM ( ) Delete  
Name: SOOD, NIJAY  
Address: 14007 PALAWAN WAY APT 308  
City-St-Zip: MARINA DEL RAY, CA 90292 US

Title: MGRM ( ) Delete  
Name: SOOD, MANAK  
Address: 1651 WAKE ROBIN COURT  
City-St-Zip: ANN ARBOR, MI 48103 US

Title: MGRM (X) Delete  
Name: SOOD, SUSHILA  
Address: 12 WILDFLOWER WAY  
City-St-Zip: CLIFTON PARK, NY 12065 US

**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:

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: RAJIV SOOD, MD

MGR

04/29/2009

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