

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105501

Entity Name: HAMALATHA LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

2261 SHADOWRIDGE DR
DELTONA, FL 32725

New Principal Place of Business:

609 S. VOLUSIA AVE.
ORANGE CITY, FL 32763

Current Mailing Address:

2261 SHADOWRIDGE DR
DELTONA, FL 32725

New Mailing Address:

609 S. VOLUSIA AVE.
ORANGE CITY, FL 32763

FEI Number: 26-1326598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLAPUDI, HEMALATHA
2261 SHADOWRIDGE DR
DELTONA, FL 32725 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: SALLAPUDI, HEMALATHA
Address: 2261 SHADOWRIDGE DR
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: SALLAPUDI, FLEMING
Address: 2261 SHADOWRIDGE DR
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: SALLAPUDI, KRUPA J
Address: 2261 SHADOWRIDGE DR
City-St-Zip: DELTONA, FL 32725

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: HAMALATHA SALLAPUDI

MGRM

03/13/2009

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