FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90025 028 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000107674

1. Entity Name
CHAKRA INFO SOLUTIONS, LLC

30007361

Principal Place of Business	Mailing Address
2209 NORTH BOULEVARD, STE. C DAVENPORT, FL 33881	2209 NORTH BOULEVARD, STE. C DAVENPORT, FL 33881

04182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 2209 NORTH BLVD	3. Mailing Address 4312 DUCK DOWN LN
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State DAVENPORT	City & State WINTER HAVEN, FL
Zip 33837 Country	Zip 33884 Country

4. FEI Number 26-1296908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIHALANI, SUNIL
2209 NORTH BOULEVARD, STE. C
DAVENPORT, FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	MGRM	☐ Delete
NAME	NIHALANI, SUNIL	
STREET ADDRESS	4312 DUCK DOWN LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	MGRM	☐ Delete
NAME	VAZ, TERENCE D	
STREET ADDRESS	2209 NORTH BLVD., SUITE C	
CITY-ST-ZIP	DAVENPORT, FL 33881	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 5-17-08 863-651-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #