

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107674

FILED
May 04, 2009
Secretary of State

Entity Name: CHAKRA INFO SOLUTIONS, LLC

Current Principal Place of Business:

2209 NORTH BOULEVARD
STE A
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

4312 DUCK DOWN LN
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 26-1296908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NIHALANI, SUNIL
2209 NORTH BOULEVARD, STE. A
DAVENPORT, FL 33881 US

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:

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NIHALANI, SUNIL
Address: 4312 DUCK DOWN LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: VAZ, TERENCE D
Address: 2209 NORTH BLVD., SUITE C
City-St-Zip: DAVENPORT, FL 33881

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VAZ, TERENCE D
Address: 2209 NORTH BLVD., SUITE A
City-St-Zip: DAVENPORT, FL 33881

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: SUNIL NIHALANI

MBR

05/04/2009

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