

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

88/1/2008-90004-025-\$138.75-\$138.75

FILED

2008 SEP 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30080000



07082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000110801																											
1. Entity Name ANAND DAKSHA, LLC																											
Principal Place of Business 3365 BRIDLE PATH LANE WESTON, FL 33331		Mailing Address 3365 BRIDLE PATH LANE WESTON, FL 33331																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
8. Name and Address of Current Registered Agent VAKHARIA, DAKSHA 3365 BRIDLE PATH LANE WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
6. 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 _____ DATE _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)																											
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>DAKSHA VAKHARIA ☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>ANAND VAKHARIA ☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DAKSHA VAKHARIA ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ANAND VAKHARIA ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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:		7/29/08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											