

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111551

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: RANLAX INVESTMENTS, LLC

**Current Principal Place of Business:**

1631 FLAGLER PARKWAY  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

1631 FLAGLER PARKWAY  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 26-1513138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADEN, LISA  
4623 FOREST HILL BLVD  
SUITE 111  
WEST PALM BEACH, FL 33415 US

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

SHARMA, SHEKHAR V MD  
1631 FLAGLER PARKWAY  
WEST PALM BEACH, FL 33449 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: SHEKHAR V SHARMA, MD

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHARMA, SHEKHAR  
Address: 1631 FLAGLER PARKWAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM ( ) Delete  
Name: SHARMA, RANJITA  
Address: 1631 FLAGLER PARKWAY  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

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: SHEKHAR V SHARMA, MD

MGRM

04/16/2009

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