

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111872

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: SAMARI LLC

**Current Principal Place of Business:**

13710 METROPOLIS AVE  
110  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13710 METROPOLIS AVE  
110  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 61-1553882      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:**

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

CHOUDHURY, FARIA  
13710 METROPOLIS AVE  
110  
FORT MYERS, FL 33912 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHOUDHURY, FARIA  
Address: 13710 METROPOLIS AVE STE. 110  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: CHOUDHURY, ASIF  
Address: 13710 METROPOLIS AVE. STE 110  
City-St-Zip: FORT MYERS, FL 33912

**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: FARIA CHOUDHURY

MGR

08/26/2008

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