

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017105

Entity Name: PRIYANKA RC LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

18215 CYPRESS HAVEN DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18215 CYPRESS HAVEN DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 68-0672449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SEEMA JAIN, CPA, PA
8875 HIDDEN RIVER PKWY
SU 300
TAMPA, FL 33637 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: SEEMA JAIN

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAKHOTIA, VISHAL
Address: 18215 CYPRESS HAVEN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: LAKHOTIA, PRIYANKA
Address: 18215 CYPRESS HAVEN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S (X) Delete
Name: LAKHOTIA, VISHAL
Address: 18215 CYPRESS HAVEN DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

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: VISHAL LAKHOTIA

MGR

03/25/2009

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