

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055358

Entity Name: SAHIL DISTRIBUTION LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13116 N. FLORIDA AVENUE  
TAMPA, FL 33612

## **New Principal Place of Business:**

5002 W LINEBAUGH AVE  
STE D9, D10  
TAMPA, FL 33624 US

## **Current Mailing Address:**

5702 HARBORSIDE DRIVE  
TAMPA, FL 33615

## **New Mailing Address:**

5002 W LINEBAUGH AVE  
STE D9, D10  
TAMPA, FL 33624 US

FEI Number: 27-0339861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DESAI, SAMIT  
5702 HARBORSIDE DRIVE  
TAMPA, FL 33615 US

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

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: MGRM  
Name: DESAI, SAMIT  
Address: 5702 HARBORSIDE DRIVE  
City-St-Zip: TAMPA, FL 33615

I hereby 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: SAMIT DESAI

MGRM

04/30/2011

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