

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096018

Entity Name: JAVANI & ASSOCIATES P.L.L.C.

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

27 SOUTH KIRKMAN RD  
# 3  
OLRANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 618507  
ORLANDO, FL 32861

**New Mailing Address:**

FEI Number: 27-1776402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAKHJAVANI, ABI  
27 SOUTH KIRKMAN RD  
# 3  
ORLADNO, FL 32811 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: P  
Name: NAKHJAVANI, ABI  
Address: 27 SOUTH KIRKMAN RD STE # 3  
City-St-Zip: ORLANDO, FL 32811

Title: VP  
Name: KALIADCHYK, ALENA  
Address: 27 SOUTH KIRKMAN RD STE # 3  
City-St-Zip: ORLANDO, FL 32811

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: ABI JAVANI

P

01/28/2010

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