

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117025

Entity Name: DHARMA TRADE, LLC

**FILED**  
**Jan 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1321 FLAMINGO WAY  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1111 LINCOLN ROAD SUITE 400  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 80-0517286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWARD, EUGENE J  
1111 LINCOLN ROAD SUITE 400  
MIAMI BEACH, FL 33139 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: MGR  
Name: MAHARAJ, DHARAM  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: MAHARAJ, MUNESHWAR  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: MAHARAJ-KANHAI, LATA  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: MAHARAJ, VIDYA  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: MAHARAJ, ROHINI  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: MAHARAJ, GANGADAI  
Address: 1321 FLAMINGO WAY  
City-St-Zip: MIAMI BEACH, FL 33139

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: ROHINI MAHARAJ

MGRM

01/23/2010

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