

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009753

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: ASHIYANA LLC.

**Current Principal Place of Business:**

5777 COUNTRYSIDE DRIVE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

5777 COUNTRYSIDE DRIVE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 30-0662013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, KAMLESH C  
5777 COUNTRYSIDE DRIVE  
TALLAHASSEE, FL 32317 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: PATEL, KAMLESH C  
Address: 5777 COUNTRYSIDE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR  
Name: PATEL, HIREN KUMAR H  
Address: 1128 OCALA RD #K4  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR  
Name: PATEL, KALPESHBHAI M  
Address: 2415 JACKSON BLUFF RD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM  
Name: PATEL, JAYESH G  
Address: 3701 DORSET WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR  
Name: PATEL, ALPESHBHAI G  
Address: 3701 DORST WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR  
Name: ASIJA, VIPIN  
Address: 1833 HALSTEAD BLVD., #301  
City-St-Zip: TALLAHASSEE, FL 323093436

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: VIPIN ASIJA

MGR

04/10/2012

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