

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000088567

**FILED**  
**Sep 25, 2012**  
**Secretary of State**

**Entity Name:** 5THELEMENT TASTE OF INDIA LLC

**Current Principal Place of Business:**

8642 BAYMEADOWS RD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

3826 HARTWOOD LN  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 45-2884111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANNALA, SRIDHAR  
8433 SOUTHSIDE BLVD  
APT 901  
JACKSONVILLE, FL 32256 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:** SANNALA, SRIDHAR  
**Address:** 8433 SOUTHSIDE BLVD, APT 901  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** MGRM  
**Name:** DHRITIBHAVAN LLC  
**Address:** 3826 HARTWOOD LN  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

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:** KIRANMAI TATIKONDA

MGRM

09/25/2012

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