

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

5/

05-15-2006 90239 006 \*\*\*\*50.00

**DOCUMENT # L95000000466**

1. Entity Name  
**SAISHA TECHNOLOGY AND CIRCUITS INTERNATIONAL,  
L.C.**



Principal Place of Business  
**2921 W. CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**2921 W. CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309**

**30011473**



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0588505**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KESSLER, ELLIOT  
4020 SHERIDAN STREET, SUITE C  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NARANG, MUKESH  
2921 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE