

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003091

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKSHMI LIMITED LIABILITY COMPANY

Current Principal Place of Business:

37 SOLOGNE CIRCLE
LITTLE ROCK, AR 72223

New Principal Place of Business:

Current Mailing Address:

37 SOLOGNE CIRCLE
LITTLE ROCK, AR 72223

New Mailing Address:

FEI Number: 91-2141914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE, FL 32901 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 () Delete
Name: NAIR, DR. BALAN
Address: 37 SOLOGNE CIRCLE
City-St-Zip: LITTLE ROCK, AR 72223

Title: MGR () Delete
Name: NAIR, DR. JAYA
Address: 37 SOLOGNE CIRCLE
City-St-Zip: LITTLE ROCK, AR 72223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DOUG DOBBS

CPA

04/30/2009

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