

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000047135

Entity Name: NATHAN, LLC.

FILED  
Nov 03, 2008  
Secretary of State

**Current Principal Place of Business:**

3890 NW 132ND STREET  
UNIT K  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

3890 NW 132ND STREET  
UNIT K  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

FEI Number: 20-4834478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MIKE'S TAX & ACCOUNTING, INC.  
269 N. UNIVERSITY DRIVE  
SUITE I  
PEMBROKE PINES, FL 33024 US

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: MICHAEL SARABJIT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIVARASA, SIVANATHAN  
Address: 3890 NW 132ND STREET, UNIT K  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: SINNARAJAH, KUSHALAKUMARI  
Address: 3890 NW 132ND STREET, UNIT K  
City-St-Zip: OPA LOCKA, FL 33054

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: SIVANATHAN SIVARASA

MGRM

11/03/2008

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