

L090000 35520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

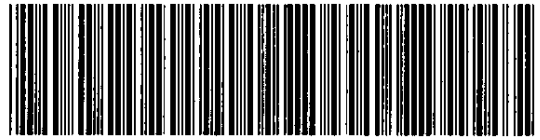
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 28 2009

J. BRYAN

AUG 10 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARIATPUR LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA ISLAM
Name of Person

SHARIATPUR LLC
Firm/Company

1725 N ALAFAYA TRAIL, SUITE A,
Address

ORLANDO, FL32826
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MD. S. H. BHALIYAN at (843) 312-5116
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

ANNA ISLAM
SHARIATPUR LLC
1725 N ALAFAYA TRAIL, SUITE A
ORLANDO, FL 32826

SUBJECT: SHARIATPUR LLC
Ref. Number: L09000035520

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SHARIATPUR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 709A00025824

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SHARIATPUR LLC

2. (a) Principal office address of limited liability company: 1725 N ALAFAYA TRAIL,

(Note: **MUST BE STREET ADDRESS**) SUITE A, ORLANDO, FL 32826

(b) Mailing address of limited liability company: 1725 N ALAFAYA TRAIL,

(Note: **MAY BE POST OFFICE BOX**) SUITE A, ORLANDO, FL 32826

04/13/2009

LO9000035520

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: BHUIYAN, MOHAMMAD S

Registered Office Address: 1700 WOODBURY ROAD, 49,
ORLANDO, FL 32828

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: ANNA ISLAM

NEW Registered Office Address: 1725 N ALAFAYA TRAIL,
(MUST BE FLORIDA STREET ADDRESS) SUITE A, ORLANDO, FL 32826
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bhuiyan
Signature of a member or authorized representative of a member

MD. S.H. BHUIYAN
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bhuiyan
Signature of Registered Agent

Ph: - 407-737-8900

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

