

L090000035520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

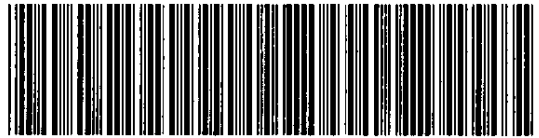
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name of Person

at (843) 312-5116

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

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09 AUG -7 PM 4:32  
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

3. Date of filing/registration in Florida

LO9000035520

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 signer

*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**