

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000021552

**Entity Name:** ANITA B. VENKATARAMANA, LLC

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10332 FALLSGROVE ST.  
ORLANDO, FL 23836 US

**New Principal Place of Business:**

**Current Mailing Address:**

10332 FALLSGROVE ST.  
ORLANDO, FL 32836 US

**New Mailing Address:**

**FEI Number:** 26-2134420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE LAW OFFICES OF MAX A. ADAMS, ESQ., PLL  
10650 PARIS ST.  
COOPER CITY, FL 33026 US

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MAX A ADAMS

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VENKATARAMANA, ANITA B  
Address: 10332 FALLSGROVE ST.  
City-St-Zip: ORLANDO, FL 32836 US

I hereby 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: ANITA VENKATARAMANA

MGRM

01/18/2012

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