

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000104107

**Entity Name:** OHRI KUMAR CHAUDHRY,LLC

**Current Principal Place of Business:**

3703 S. ATLANTIC AVE., #301  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

161 BROOKLYN ST  
WARSAW, NY 14569 US

**FEI Number:** 47-4547194

**Certificate of Status Desired:** No

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

KUMAR, SUBHASH  
3703 S ATLANTIC AVE, #301  
DAYTONA BEACH SHORES, FL 32118 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:** SUBHASH KUMAR

11/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KUMAR OHRI, TARUN  
Address 161 BROOKLYN STREET  
City-State-Zip: WARSAW NY 14569

Title MBR  
Name KUMAR OHRI, TARUN  
Address 161 BROOKLYN STREET  
City-State-Zip: WARSAW NY 14569

Title MGR  
Name KUMAR, SUBHASH  
Address 3703 S. ATLANTIC AVE., #301  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title MBR  
Name KUMAR, SUBHASH  
Address 3703 S. ATLANTIC AVE., #301  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title MGR  
Name CHAUDHRY, ABDUL R  
Address 326 N MAIN ST  
City-State-Zip: WARSAW NY 14569

Title MBR  
Name CHAUDHRY, ABDUL R  
Address 326 N MAIN ST  
City-State-Zip: WARSAW NY 14569

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TARUN KUMAR OHRI

MEMBER

11/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date