

# **2010 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A09000000427

Entity Name: SHILPA JAY LLLP

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2608 NIGHT RAINS DRIVE  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1820  
LUTZ, FL 33548

**New Mailing Address:**

2608 NIGHT RAINS DRIVE  
LUTZ, FL 33559

FEI Number: 27-2330175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAXENA, JAYANT  
2608 NIGHT RAINS DRIVE  
LUTZ, FL 33559 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SAXENA, JAYANT  
Address: 2608 NIGHT RAINS DRIVE  
City-St-Zip: LUTZ, FL 33559

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SAXENA, SHILPA  
Address: 2608 NIGHT RAINS DRIVE  
City-St-Zip: LUTZ, FL 33559

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JAY SAXENA

MGR

10/04/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date