

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008593

Entity Name: M.P.R., LLC

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

701 EAST FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

701 EAST FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3760467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MODI, PRAVIN
701 EAST FLETCHER AVE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MODI, PRAVIN
701 EAST FLETCHER AVE
APT.256
TAMPA, FL 33612 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: PRAVIN MODI

10/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: JOBALIA, NISHITH
Address: 2314 HILLSBORO BLVD
City-St-Zip: MANCHESTER, TN 37355

Title: VP () Delete
Name: MODI, PRAVIN
Address: 701 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOBALIA, NISHITH
Address: 2314 HILLSBORO BLVD
City-St-Zip: MANCHESTER, TN 37355

Title: MGR (X) Change () Addition
Name: MODI, PRAVIN
Address: 701 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: PRAVIN MODI

MGR

10/19/2004

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