2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2004
Secretary of State

DOCUMENT# L01000010865

Entity Name: VEDA, LLC

Current Principal Place of Business:

1660 S. TAMIAMI TRAIL
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

1660 S. TAMIAMI TRAIL
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1120433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

PATEL, NILESM
115 S. WILLOW AVENUE
TAMPA, FL 33606 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GADMIA, PRAVIN	
Address:	1660 S. TAMIAMI TAIL	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	PATEL, JAYESM	
Address:	1660 S. TAMIAMI TAIL	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	PATEL, RAVINORA	
Address:	1660 S. TAMIAMI TAIL	
City-St-Zip:	OSPREY, FL 34229	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 GADHIA MGRM 10/05/2004

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