

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029811

Entity Name: JALA HAJARI LLC

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

1647 MANCHESTER CT
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1647 MANCHESTER CT
NAPLES, FL 34109

New Mailing Address:

FEI Number: 16-1680680 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, AJAY R
1647 MANCHESTER CT
NAPLES, FL 34109 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: AJAY PATEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATEL, AJAY R
Address: 1647 MANCHESTER CT
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: PATEL, SUNALI A
Address: 1647 MANCHESTER CT
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: PATEL, ROMA A
Address: 1647 MANCHESTER CT
City-St-Zip: NAPLES, FL 34109

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: AJAY PATEL

MGR

10/10/2005

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