

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 AM 10:55

DOCUMENT # L03000029811

1. Entity Name  
JALA HAJARI LLC



Principal Place of Business  
1647 MANCHESTER CT  
NAPLES, FL 34109

Mailing Address  
1647 MANCHESTER CT  
NAPLES, FL 34109

400080308314  
09/29/06--01054--015 \*\*150.00

2. Principal Place of Business

5099 POST OAK LN  
Suite, Apt. #, etc.

3. Mailing Address

5099 POST OAK LN  
Suite, Apt. #, etc.

09262006 REIN-LLC CR2E101 (11/05)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number  
16-1680680

Applied For  
Not Applicable

Zip

34105

Country

COLLIER

Zip

34105

Country

COLLIER

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, AJAY R  
1647 MANCHESTER CT  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name  
PATEL AJAY

Street Address (P.O. Box Number is Not Acceptable)

5099 POST OAK LN

City  
NAPLES

FL

Zip Code 34105

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/06

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL, AJAY R  
1647 MANCHESTER CT  
NAPLES, FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL, SUNALI A  
1647 MANCHESTER CT  
NAPLES, FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL, ROMA A  
1647 MANCHESTER CT  
NAPLES, FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL AJAY R  
5099 POST OAK LN  
NAPLES, FL 34105 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL SUNALI A  
5099 POST OAK LN  
NAPLES FL 34105 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATEL ROMA  
5099 POST OAK LN  
NAPLES, FL 34105 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/20/06 239 269 0126