

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000039429

Entity Name: SHRIHARI LLC

FILED  
Mar 24, 2005  
Secretary of State

## Current Principal Place of Business:

8595 COLLEGE PARKWAY  
SUITE # 23  
FORT MYERS, FL 33919

## New Principal Place of Business:

8595 COLLEGE PARKWAY  
SUITE # 14  
FORT MYERS, FL 33919

## Current Mailing Address:

8595 COLLEGE PARKWAY  
SUITE # 23  
FORT MYERS, FL 33919

## New Mailing Address:

FEI Number: 20-1198036      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, KETUL A  
13401-2 SUMMERLIN RD  
FORT MYERS, FL 33919      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: KETUL PATEL

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PATEL, KETUL A  
Address: 14453 REFLECTION LAKES DR  
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: PATEL, SUMAN U  
Address: 121 SHARDY TRL  
City-St-Zip: OLD HICKORY, TN 37138

## ADDITIONS/CHANGES:

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: KETUL PATEL

MGRM

03/24/2005

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