

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000021360

FILED
Sep 29, 2009
Secretary of State

Entity Name: METROWEST WILSHIRE PLAZA, LLC

Current Principal Place of Business:

2869 WILSHIRE DRIVE
SUITE 204
ORLANDO, FL 32835

New Principal Place of Business:

2869 WILSHIRE DRIVE
ORLANDO, FL 32835

Current Mailing Address:

2869 WILSHIRE DRIVE
SUITE 204
ORLANDO, FL 32835

New Mailing Address:

2869 WILSHIRE DRIVE
PO BOX 46
ORLANDO, FL 32835

FEI Number: 20-0952211 **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:

KHAN, MUHAMMAD NAEEM
8712 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836 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: M.N.KHAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUHAMMAD NAEEM KHAN
Address: 8712 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: QADIR, AFTAB
Address: 17544 CABBLESTONE LANE
City-St-Zip: ORLANDO, FL 34711

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 exemption stated in Chapter 119, 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: M.N.KHAN

D

09/29/2009

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