

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000045112

FILED
Nov 30, 2005
Secretary of State

Entity Name: SHIVAM ENTERPRISES LLC

Current Principal Place of Business:

6834 SCYTHE AVE.
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

6834 SCYTHE AVE.
ORLANDO, FL 32812

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: CORPORATE CREATIONS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GANDHY, PADMAJA
Address: 6834 SCYTHE AVE.
City-St-Zip: ORLANDO, FL 32812

Title: MGR () Delete
Name: GANDHY, RAVI
Address: 6834 SCYTHE AVE.
City-St-Zip: ORLANDO, FL 32812

Title: MGR () Delete
Name: TUTUPALLI, NEERAJA
Address: 6834 SCYTHE AVE.
City-St-Zip: ORLANDO, FL 32812

Title: MGR () Delete
Name: VANGALA, PRADEEP
Address: 6834 SCYTHE AVE.
City-St-Zip: ORLANDO, FL 32812

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:

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: RAVI GANDHY

MGR

11/30/2005

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