

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

DOCUMENT# L04000083103

**Entity Name:** SHRI RADHESHYAM, LLC

**Current Principal Place of Business:**

1901-1917 DREW STREET  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 TWIN LANE NW  
WINTER HAVEN, FL

**New Mailing Address:**

**FEI Number:** 20-1888112      **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, RAJNIKANT S  
4 TWIN LANE NW  
WINTER HAVEN, FL 33881 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: RAJNIKANT PATEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PST ( ) Delete  
Name: PATEL, RAJNIKANT S  
Address: 4 TWIN LANE NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: MGR ( ) Delete  
Name: PATEL, BHARAT  
Address: 4 TWIN LANE NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

**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: RAJNIKANT PATEL

PST

10/13/2009

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