

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUN 12 PM 2:44

DOCUMENT # L04000087411

1. Entity Name
RAVNEET INVESTMENTS LLC



Principal Place of Business
**9955 NW 58TH STREET
MIAMI, FL 33178 US**

Mailing Address
**9955 NW 58TH STREET
MIAMI, FL 33178 US**

2. Principal Place of Business - No P.O. Box #
3863 PINE LAKE DRIVE

3. Mailing Address
3863 PINE LAKE DRIVE

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33332

Country
USA

Zip
33332

Country
USA

02132008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2576342

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOWDHURY, RAVNEET
9955 NW 58TH STREET
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name
BRUCE F. IDEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
3240 Corporate Way

City
MIRAMAR

FL Zip Code
33025

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]* DATE **5/30/08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOWDHURY, ANAND 15607 SW 16TH COURT PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOWDHURY, RAVNEET 3863 PINE LAKE DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **954-659-2797**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #