

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000029164

Entity Name: ZAHRA RENTALS, LLC

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

18213 TALDECO PLACE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

18213 TALDECO PLACE  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 43-2078191      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:**

**Name and Address of New Registered Agent:**

EZZI, MUNIRA  
18213 TALDECO PLACE  
TAMPA, FL 33647      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: MUNIRA EZZI

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: EZZI, MUNIRA  
Address: 18213 TALDECO PLACE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM      ( ) Delete  
Name: JHAVERI, ARWA  
Address: 6104 RAIR BRIAR COURT  
City-St-Zip: TAMPA, FL 33617

**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: MUNIRA EZZI

ME

01/22/2008

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