

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000038805

1. Entity Name
SNKR III, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

Principal Place of Business
32180 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Mailing Address
32180 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

19103 AVE BAYONNES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LUTZ

09262006 REIN-LLC CR2E101 (11/05)

City & State

City & State

FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

33558

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SHODHAN
19103 AVENUE BAYONNES
LUTZ, FL 33549

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PATEL, SHODHAN
STREET ADDRESS 19103 AVENUE BAYONNES
CITY-ST-ZIP LUTZ, FL 33549

☐ Change ☐ Addition
000080264860
09/28/06--01043--015 **100.00

TITLE MGRM ☐ Delete
NAME KHANT, RANCHHOD
STREET ADDRESS 50 BAHAMA CIRCLE
CITY-ST-ZIP TAMPA, FL 33606

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME PATEL, KRUTIKA
STREET ADDRESS 19103 AVENUE BAYONNES
CITY-ST-ZIP LUTZ, FL 33549

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME KHANT, SAROJ
STREET ADDRESS 50 BAHAMA CIRCLE
CITY-ST-ZIP TAMPA, FL 33606

☐ Change ☐ Addition
REINSTATEMENT 2006

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/28/06 8/3966 0177
Date Daytime Phone #