

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000040478

Entity Name: MODH FAMILY, LLC

FILED  
Oct 07, 2006  
Secretary of State

**Current Principal Place of Business:**

11329 CARROLLWOOD DRIVE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

11329 CARROLLWOOD DRIVE  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 20-2733992      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:**

MODH, ASHOK  
11329 CARROLLWOOD DRIVE  
TAMPA, FL 33618 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: ASHOK MODH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MODH, ASHOK  
Address: 11329 CARROLLWOOD DR.  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete  
Name: MODH, BHAVNA  
Address: 11329 CARROLLWOOD DR.  
City-St-Zip: TAMPA, FL 33618

**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 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: ASHOK MODH

MGRM

10/07/2006

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