

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000061138

1. Entity Name
SHREE SHRIJI LLC



Principal Place of Business
3612 WASHINGTON ST.
WAUSAU, FL 32463

Mailing Address
3024 FIREFLY LANE
VERNON, FL 32462

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-3021193

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, VISHNUKUMAR
18441 HWY 231
FOUNTAIN, FL 32438

7. Name and Address of New Registered Agent

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, 2008, 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

TITLE MGR ☐ Delete
NAME PATEL, VISHNUKUMAR
STREET ADDRESS 18441 HWY 231
CITY-ST-ZIP FOUNTAIN, FL 32438

TITLE MGRM ☐ Delete
NAME PATEL, SURENDRA R
STREET ADDRESS 3721 ROCHE AVE
CITY-ST-ZIP VERNON, FL 32462

TITLE MGRM ☐ Delete
NAME SHAH, JITENDRA J
STREET ADDRESS 959 BEAU DR.
CITY-ST-ZIP DES PLAINS, IL 60462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 600110588736
STREET ADDRESS 10/10/07--01041--014 **\$5.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Swarnika R. Patel *Mohan*

10/06/07 850-535-2143

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

Date

Daytime Phone #

REINSTATEMENT