

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000079617

1. Entity Name
SHREE SWAMINARAYAN, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 28 AM 10:15

Principal Place of Business
1661 ESTERO BOULEVARD
10
FORT MYERS BEACH, FL 33931

Mailing Address
1661 ESTERO BOULEVARD
10
FORT MYERS BEACH, FL 33931

2. Principal Place of Business - No P.O. Box #
15721 SONOMA DRIVE
Suite, Apt. #, etc.
#307

3. Mailing Address
15721 SONOMA DRIVE
Suite, Apt. #, etc.
#307



12212007 REIN-LLC CR2E101 (1/07)

City & State
Fort Myers, Florida
Zip
33908
Country
USA

City & State
Fort Myers, Fla
Zip
33908
Country
USA

4. FEI Number
02-0751901
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JURSINKI, KEVIN F ESQ
7800 UNIVERSITY POINTE DRIVE, STE. 200
FORT MYERS, FL 33907

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 _____ (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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
DESAI, RAHUL U MGMR
1661 ESTERO BOULEVARD
FORTMYERS, FL 33931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
DESAI, DIMPLE R MGMR
1661 ESTERO BOULEVARD
FORTMYERS, FL 33931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200113404432
12/26/07--01043--002 **50.00

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

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☐ 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

12/21/07 239-297-2990
Date Daytime Phone #