

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000103019

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** SHREE LAXMI ENTERPRISES LLC

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD  
204  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

3345 FOWLER ST  
FORT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 20-3691200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEOD, RODERICK D  
3345 FOWLER ST.  
FORT MYERS, FL 33901 US

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

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:** RODERICK D MCLEOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PATEL, SANJAY  
**Address:** 3345 FOWLER ST  
**City-St-Zip:** FORT MYERS, FL 33901 US

**Title:** MGRM  
**Name:** PATEL, KALPANABEN  
**Address:** 3345 FOWLER ST  
**City-St-Zip:** FORT MYERS, FL 33901 US

**Title:** MGRM  
**Name:** PRASHIELA ENTERPRISES LLC  
**Address:** 3345 FOWLER ST  
**City-St-Zip:** FORT MYERS, FL 33901 US

**Title:** MGRM  
**Name:** PATEL, CHETAN  
**Address:** 3345 FOWLER ST  
**City-St-Zip:** FORT MYERS, FL 33901 US

I hereby 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:** SANJAY PATEL

MGRM

11/05/2010

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