

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000004751

**FILED**  
**Nov 27, 2007**  
**Secretary of State**

**Entity Name:** TRUE FLITE VENTURES LLC

**Current Principal Place of Business:**

7848 TANGERINE CT  
LEESBURG, FL 34748

**New Principal Place of Business:**

10530 ROSEMARY DR  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

7848 TANGERINE CT  
LEESBURG, FL 34748

**New Mailing Address:**

10530 ROSEMARY DR  
BONITA SPRINGS, FL 34135

FEI Number: 03-0589650      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:**

SAYANI, NARGIS  
7848 TANGERINE CT  
LEESBURG, FL 34748      US

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

JIVANI, DAULAT  
10530 ROSEMARY DR  
BONITA SPRINGS, FL 34135      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: DAULAT JIVANI

11/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SAYANI, NARGIS  
Address: 7848 TANGERINE CT  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: JIVANI, DAULAT  
Address: 10530 ROSEMARY DR  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: DAULAT JIVANI

MGMB

11/27/2007

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