


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 JUN 12 PM 1:59

**DOCUMENT # L06000042173**

1. Entity Name  
**RADHA ENTERPRISES LLC**



Principal Place of Business      Mailing Address

**3941 TAMMI TRAIL**      **3941 TAMMI TRAIL**  
**3169**      **3169**  
**PUNTA GORDA, FL 33950 US**      **PUNTA GORDA, FL 33950 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address:

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



08082008 REIN-LIC CR2E101 (1/07)

4. FEI Number      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEOD, RODERICK D**  
**3345 FOWLER STREET**  
**FORT MYERS, FL 33901**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be in red ink of registered agent and not a preparer) (Date: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$277.50**      In accordance with s. 607.103(2)(b), F.S., the limited liability company did not receive the prior notice.      **Make check payable to Florida Department of State**

8. MANAGING MEMBERS / MANAGERS				9. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Insert	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	600131067726	
NAME	PATEL, CHETAN		NAME				06/09/08--01051--006 **277.50
STREET ADDRESS	3941 TAMMI TRAIL 3169		STREET ADDRESS				
CITY ST ZIP	PUNTA GORDA, FL 33950		CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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]      6/16/08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Use      Doyers Form 8