PLEASE READ	ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	Received A.
DOCUMENT # Ld6000085992		Received
1. Limited Liability Company's Name OFD LLC		OCT 2 5 2010 75
010 2-0		775
		Medicaid
Principal Office Address - No P.O. Box #	Mailing Office Address	CR2E041 (11/09)
6400 manatee Ave W	Spre	State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida
City & State.	City & State	5. Date Organized or Qualified To Do Business in Florida 08-31-3006
Bradenton FI)	6. FEI Number Applied For
Zip 34209 Country Manales	Zip Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	f Current Registered Agent	137 B Octanicate of Otation
Name Vishal Sharma		☐ A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
Suite, Apt. #. Etc.		box, you are certifying the prior notices were
City	South Tip On de	not received and requesting the \$100 reinstatement be waived.
Bradenton	State Zip Code FL 34209	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent		
10.) Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each Managing Member/Manag	er City / State / Zip
MGR Vishal Shar	ma 6400 granafer	11/15/10-01003-006 **516.25
REINSIALEMENT 08-10		
		<u> </u>
1		
נמחם מו עו	553884	75-
11. E-mail Address:		
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been faid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
Signature of Managing Member/Manager Date Daytime Phone (941) 761-8505		
Typed or printed name of signing Managing Member/Manager		

i



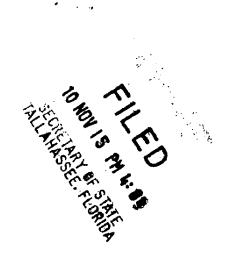
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2011

OFD, LLC 6400 MANATEE AVE W, A BRADENTON, FL 34209

SUBJECT: OFD, LLC

Ref. Number: L06000085992



We have received your document for OFD, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) you have listed for the manager(s) or manager member(s)is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00000842



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2010

4 . 6 2

OFD LLC 6400 MANATEE AVE WEST, A BRADENTON, FL 34209

SUBJECT: OFD, LLC

Ref. Number: L06000085992



We have received your document for OFD, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The designation of the registered agent must be at a Florida street address.

The document must contain the name, title, and business address of each managing member or manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00026939