

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000117966

Entity Name: BAHA ENTERPRISES LLC

FILED
Sep 30, 2009
Secretary of State

Current Principal Place of Business:

5281 W. IRLO BRONSON HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5281 W. IRLO BRONSON HWY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-8022506 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:

KHAN, AKRAM A
8724 GRANADA BLVD
ORLANDO, FL 32836 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: AKRAM KHAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KHAN, BASIT
Address: 8724 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: KHAN, AYESHA
Address: 8724 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: KHAN, AKRAM A MR
Address: 8724 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AKRAM A KHAN

MR

09/30/2009

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