

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000054837

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** ANKIT, LLC

**Current Principal Place of Business:**

470 NW 20TH ST.  
SUITE #201  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

470 NW 20TH ST.  
SUITE #201  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 26-0239224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

JAIN, ANKIT  
470 NW 20TH ST..  
SUITE #201  
BOCA RATON, FL 33431 US

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

JAIN, ANKIT  
470 NW 20TH ST.  
SUITE #201  
BOCA RATON, FL 33431 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: ANKIT JAIN

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAIN, ANKIT  
Address: 470 NW 20TH ST., SUITE #201  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAIN, ANKIT  
Address: 470 NW 20TH ST., SUITE #201  
City-St-Zip: BOCA RATON, FL 33431 US

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: ANKIT JAIN

MGRM

03/11/2009

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