

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000108513

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** FTW EXECUTIVE SUITES LLC

**Current Principal Place of Business:**

18113 EMERALD BAY STREET  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

18113 EMERALD BAY STREET  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 26-1313629      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:**

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

KHAN, FAISAL  
18113 EMERALD BAY STREET  
TAMPA, FL 33647 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: FAISAL KHAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KHAN, FAISAL  
Address: 18113 EMERALD BAY STREET  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: KHAN, TEHREEN  
Address: 18113 EMERALD BAY STREET  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

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: FAISAL KHAN

MGRM

10/27/2008

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