

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000034573

**FILED**  
**Oct 29, 2009**  
**Secretary of State**

**Entity Name:** KURUKSHETRA MANAGEMENT, LLC.

**Current Principal Place of Business:**

1190 OLDE BAILEY LANE  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

948 S. WICKHAM ROAD  
102  
W. MELBOURNE, FL 32904 US

**Current Mailing Address:**

1190 OLDE BAILEY LANE  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

948 S. WICKHAM ROAD  
102  
W. MELBOURNE, FL 32904 US

**FEI Number:** 26-2916429      **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:**

VENKATACHALAM, NAVEEN  
1190 OLDE BAILEY LANE  
W. MELBOURNE, FL 32904 US

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

VENKATACHALAM, NAVEEN  
948 S. WICKHAM ROAD  
102  
W. MELBOURNE, FL 32904 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: NAVEEN VENKATACHALAM

10/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VENKATACHALAM, NAVEEN  
Address: 1190 OLDE BAILEY LANE  
City-St-Zip: W. MELBOURNE, FL 32904 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VENKATACHALAM, NAVEEN  
Address: 948 S. WICKHAM ROAD - #102  
City-St-Zip: W. MELBOURNE, FL 32904 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: MAURY BARSON

CPA

10/29/2009

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