

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000102787

Entity Name: MANICKCHAND LLC

**FILED**  
**Jun 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2758 UNIVERSITY SQUARE DR  
TAMPA, FL 33612 US

**New Principal Place of Business:**

13145 THOMASVILLE CIRCLE  
TAMPA, FL 33617 US

**Current Mailing Address:**

2758 UNIVERSITY SQUARE DR  
TAMPA, FL 33612 US

**New Mailing Address:**

13145 THOMASVILLE CIRCLE  
TAMPA, FL 33617 US

FEI Number: 26-3646366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANICKCHAND, MERLE  
2758 UNIVERSITY SQUARE DR  
TAMPA, FL 33612 US

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

MANICKCHAND, MERLE  
13145 THOMASVILLE CIRCLE  
TAMPA, FL 33617 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: MERLE MANICKCHAND

06/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: MANICKCHAND, MERLE  
Address: 13145 THOMASVILLE CIRCLE  
City-St-Zip: TAMPA, FL 33617 US

Title: MGR  
Name: MANICKCHAND, AMARA  
Address: 13145 THOMASVILLE CIRCLE  
City-St-Zip: TAMPA, FL 33617 US

I hereby 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: MERLE MANICKCHAND

MBR

06/30/2011

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