

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000086114

**Entity Name:** LOSHMI ASSOCIATES, LLC.

**FILED**  
**Nov 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7575 DR PHILLIPS BLVD  
STE 210  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

4110 CLARICE ESTATES DR  
WINERMERE, FL 34786

**New Mailing Address:**

4110 CLARICE ESTATES DR  
WINDERMERE, FL 34786

**FEI Number:** 26-4071801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLLEY, AMY `  
4110 CLARICE ESTATES DR  
WINDERMERE, FL 34786 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:** AMY HOLLEY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HOLLEY, AMY  
**Address:** 4110 CLARICE ESTATES DR  
**City-St-Zip:** WINDERMERE, FL 34786

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:** AMY HOLLEY

MGR

11/08/2011

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