

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000041233

**Entity Name:** JAINS CONSULTING LLC

**FILED**  
**Jun 10, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6 COPPERWOOD CT  
SAFETY HARBOR, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

6 COPPERWOOD CT  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 45-1537780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUNAL, JAIN  
6 COPPERWOOD CT  
SAFETY HARBOR, FL 34695 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:** KUNAL JAIN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KUNAL, JAIN  
**Address:** 6 COPPERWOOD CT  
**City-St-Zip:** SAFETY HARBOR, FL 34695 US

**Title:** MGR  
**Name:** PARUL, GARG  
**Address:** 6 COPPERWOOD CT  
**City-St-Zip:** SAFETY HARBOR, FL 34695 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:** KUNAL JAIN

MR

06/10/2013

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