

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000141320

1. Entity Name
KISHU LLC



15 SEP 28 AM 8:31

Principal Place of Business
2201 WEST JEFFERSON STREET
QUINCY, FL 32351

Mailing Address
2201 WEST JEFFERSON STREET
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282015 REIN-LLC CR2E101 (12/11)

4. FE Number
463827753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHETNA MRUGESH
1350 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PATEL, CHETNA M
1350 W TENNESSEE ST.
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PATEL, ASITKUMAR J
1350 W TENNESSEE ST.
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300277485703
09/28/15--01002--007 **238.75

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS

S. HAWKES
SEP 28 A.M.
EXAMINER