

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004258

Entity Name: GOWRI, LLC

FILED  
Dec 21, 2009  
Secretary of State

**Current Principal Place of Business:**

3426 N.W. 42RD STREET, #B  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

3426 N.W. 43RD STREET, #B  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2531-B NW 41 STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 20-5212916      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:**

NARAYAN, PERINCHERY  
3426 N.W. 42RD STREET, #B  
GAINESVILLE, FL 32606 US

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

NARAYAN, PERINCHERY  
3426 N.W. 43RD STREET, #B  
GAINESVILLE, FL 32606 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: PERINCHERY NARAYAN

12/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NARAYAN, PERINCHERY  
Address: 3426 N.W. 42RD STREET, #B  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NARAYAN, PERINCHERY  
Address: 3426 N.W. 43RD STREET, #B  
City-St-Zip: GAINESVILLE, FL 32606

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: PERINCHERY NARAYAN

MR.

12/21/2009

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