

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000054089

FILED
Oct 01, 2007
Secretary of State

Entity Name: PETER STELLAKIS FOODS, LLC

Current Principal Place of Business:

279 EAST EAU GALLIE BLVD.
MELBOURNE, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

279 EAST EAU GALLIE BLVD.
MELBOURNE, FL 32937 US

New Mailing Address:

316 SCHOOL ROAD
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 20-4932302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, CHARLES A ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: CHARLES A. SCHILLINGER, ESQUIRE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STELLAKIS, PETER
Address: 279 EAST EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32937 US

Title: MGRM () Delete
Name: STELLAKIS, PATRICIA
Address: 279 EAST EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32937 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STELLAKIS, PETER
Address: 316 SCHOOL ROAD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM (X) Change () Addition
Name: STELLAKIS, PATRICIA
Address: 316 SCHOOL ROAD
City-St-Zip: INDIANHARBOUR BEACH, FL 32937 US

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: PATRICIA STELLAKIS

MGRM

10/01/2007

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