

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000092754

FILED
Jan 17, 2008
Secretary of State

Entity Name: CARIBBEAN SUPER MARKET LLC

Current Principal Place of Business:

12002 SW 102 ST.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12002 SW 102 ST.
MIAMI, FL 33186

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

AL RAYES, GEORGE
12002 SW 102 ST
MIAMI, FL 33186 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: GEORGE AL RAYES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: AL RAYES, NIHAD
Address: 12002 SW 102 ST
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: AL RAYES, LINDA
Address: 12002 SW 102 ST
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: AL RAYES, GEORGE
Address: 12002 SW 102 ST
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE AL RAYES

MGRM

01/17/2008

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