

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000085374

FILED  
Oct 22, 2008  
Secretary of State

Entity Name: EPS LOGISTICS, LLC

**Current Principal Place of Business:**

8258 NW 14TH STREET  
DORAL, FL 331261502

**New Principal Place of Business:**

**Current Mailing Address:**

8258 NW 14TH STREET  
DORAL, FL 331261502

**New Mailing Address:**

FEI Number: 26-0814464      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:**

PARISH, ANDREW M ESQ.  
DUTY FREE AMERICAS BUILDING-SUITE 421  
6100 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024 US

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

VIDAL, VICTOR L .  
701 SW 27 AVENUE  
SUITE 606  
MIAMI, FL 33135 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: VICTOR L VIDAL

10/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MENICUCCI, ANGELO  
Address: 8258 NW 14TH STREET  
City-St-Zip: DORAL, FL 331261502

Title: MGRM ( ) Delete  
Name: MENICUCCI, DINO  
Address: 8258 NW 14TH STREET  
City-St-Zip: DORAL, FL 331261502

Title: MGRM ( ) Delete  
Name: MENICUCCI, RAFAEL  
Address: 8258 NW 14TH STREET  
City-St-Zip: DORAL, FL 331261502

Title: MGRM ( ) Delete  
Name: MENICUCCI, LUIS REYNALDO  
Address: 8258 NW 14TH STREET  
City-St-Zip: DORAL, FL 331261502

**ADDITIONS/CHANGES:**

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

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

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

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: ANGELO MENICUCCI

MGRM

10/22/2008

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