#### I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/17/2017

## SIGNATURE: KRISTI ROSE

Electronic Signature of Signing Authorized Person(s) Detail

# 2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000042194

### Entity Name: FLORIDA FOOD SAFETY CERTIFICATIONS, LLC

## **Current Principal Place of Business:**

190 SOUTH LAKEWOOD CIRCLE MAITLAND. FL 32751

## **Current Mailing Address:**

**190 SOUTH LAKEWOOD CIRCLE** MAITLAND, FL 32751 US

## FEI Number: 33-1164072

## Name and Address of Current Registered Agent:

ROSE, KRISTI L 190 SOUTH LAKEWOOD CIRCLE MAITLAND, FL 32751 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.

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name ROSE, KRISTI L Address 190 SOUTH LAKEWOOD CIRCLE City-State-Zip: MAITLAND FL 32751

Certificate of Status Desired: No

01/17/2017

Date

Date

## FILED Jan 17, 2017 Secretary of State CR9694938243

MANAGER