

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000007167

FILED
Sep 27, 2007
Secretary of State

Entity Name: OH SWEET LC

Current Principal Place of Business:

12318 SW 117 COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12318 SW 117 COURT
MIAMI, FL 33186

New Mailing Address:

11363 NW 65 ST
DORAL, FL 33178

FEI Number: 65-1017627 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:

RIMA, SALOMON
11363 NW 65 ST
MIAMI, FL 33178 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: SALOMONRIMA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIMA, SALOMON
Address: 11363 NW 65 ST
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: RIMA, ELIAS
Address: 5181 NW 115 CT
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Delete
Name: NASSIFF, EDUARDO
Address: 9801 COSTA DEL SOL BLVD
City-St-Zip: MIAMI, FL 33178

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:

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: SALOMONRIMA

CEO

09/27/2007

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