

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000012043

Entity Name: KEEBLER ENTERPRISES LLC

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

2130 JACKSONBLUFF RD
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1233 W. THARPE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 45-0484099 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:

Name and Address of New Registered Agent:

BAILEY, JAMAR MARTIN
2130 JACKSONBLUFF RD
TALLAHASSEE, FL 32304 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: JAMAR MARTIN BAILEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORD-BAILEY, NATHASHA
Address: 2130 JACKSON BLUFF RD.
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: BAILEY, JAMAR M
Address: 2130 JACKSONBLUFF RD
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORD-BAILEY, NATASHA
Address: 2130 JACKSON BLUFF RD.
City-St-Zip: TALLAHASSEE, FL 32304

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATASHA FORD-BAILEY

MGRM

10/07/2005

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