


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN -3 PM 3:54

DOCUMENT # L02000022333 1. Entity Name CAROLYN'S FINE FOODS, LLC					
Principal Place of Business 5472 FIRST COAST HIGHWAY, SUITE 8 AMELIA ISLAND, FL 32034			Mailing Address 5472 FIRST COAST HIGHWAY, SUITE 8 AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0795371	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRASER, CAROLYN B 5472 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>Carolyn B. Fraser</i> Signature of registered agent or printed name of registered agent and title if applicable.		11/29/09 DATE	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, CAROLYN B 1865 HIGHLAND AVE AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
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<div style="position: relative;"> <div style="position: absolute; top: -50px; left: 50%; transform: translateX(-50%); font-size: 2em;">04-05</div> <div style="font-size: 3em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify 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 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		<i>Carolyn B Fraser</i> Signature AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		11/29/09 904 277-6644 Date Daytime Phone #	