


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 JUL 30 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000022716					
1. Entity Name BENNINGTON FOODS, LLC					
Principal Place of Business 245 SE 1ST STREET, SUITE 401 MIAMI, FL 33131			Mailing Address 245 SE 1ST STREET SUITE 401 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1840 SW 22 Avenue			3. Mailing Address 1840 SW 22 Avenue		
Suite, Apt. #, etc. Suite 4-553			Suite, Apt. #, etc. Suite 4-553		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33145		Country		Zip 33145	
Country		4. FEI Number 20-0056762			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$277.50		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 HAMEED, BANU NASEEM 245 SE 1ST STREET, SUITE 401 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, ABUL H 245 SE 1ST STREET, SUITE 401 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, ABUL H 245 SE 1ST STREET, SUITE 401 MIAMI, FL 33131	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Banu N. Hameed</u>			Banu Naseem Hameed, Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

REINSTATEMENT

2007-2008

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