

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000010339

Entity Name: PARTY FLAVORS, LLC

**FILED**  
**Sep 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

8825 W. COLONIAL DRIVE  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

8825 W. COLONIAL DRIVE  
OCOE, FL 34761 US

**New Mailing Address:**

FEI Number: 47-0937745      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:**

ALVAREZ, ALFREDO  
8825 W. COLONIAL DRIVE  
OCOE, FL 34761 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: ALFREDO ALVAREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALVAREZ, KAREN R  
Address: 8825 W. COLONIAL DRIVE  
City-St-Zip: OCOE, FL 34761

**ADDITIONS/CHANGES:**

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 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: KAREN ALVAREZ

MGRM

09/28/2006

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