

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000012494

Entity Name: SWEET LIX, LLC

FILED  
Sep 28, 2006  
Secretary of State

**Current Principal Place of Business:**

8699 SE 165TH MULBERRY LANE  
THE VILLAGES, FL 32162 US

**New Principal Place of Business:**

**Current Mailing Address:**

8699 SE 165TH MULBERRY LANE  
THE VILLAGES, FL 32162 US

**New Mailing Address:**

FEI Number: 80-0104506      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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: JENNY DAWSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCAULEY, PATRICIA A  
Address: 2163 SUMMERCHASE DRIVE  
City-St-Zip: WOODSTOCK, GA 30189 US

Title: MGRM ( ) Delete  
Name: ZUCKER, JOHN  
Address: 2163 SUMMERCHASE DRIVE  
City-St-Zip: WOODSTOCK, GA 30189 US

**ADDITIONS/CHANGES:**

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 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: PATRICIA MCCAULEY

MGRM

09/28/2006

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