

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028763

Entity Name: SPECIALTY PURCHASING LLC

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

17 ROYAL PALM WAY  
106  
BOCA RATON, FL 33432 US

## Current Mailing Address:

17 ROYAL PALM WAY  
106  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

8195 THAMES BLVD  
B  
BOCA RATON, FL 33433 US

## New Mailing Address:

8195 THAMES BLVD  
B  
BOCA RATON, FL 33433 US

FEI Number: 51-0505743      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:

FRYE, DAVID A  
17 ROYAL PALM WAY  
106  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

FRYE, DAVID A  
8195 THAMES BLVD  
B  
BOCA RATON, FL 33433 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: DAVID FRYE

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FRYE, DAVID A  
Address: 17 ROYAL PALM WAY #106  
City-St-Zip: BOCA RATON, FL 33432 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FRYE, DAVID A  
Address: 8195 THAMES BLVD, UNIT B  
City-St-Zip: BOCA RATON, FL 33433 US

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: DAVID FRYE

MGRM

04/24/2007

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