PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

co	D LIABIL MPANY STATEME			Se	DEPART ecretary ION OF CO	of St		1	SECRETARY ISION OF C 18 OCT 29		
DOCUMENT # LOHO WOO 46,902 1. Limited Liability Company's Name preferred restaurant service & sales IIc								300136866933 10/13/0801027010 **238.75			
Rf	700G	49	61				-	_	CR2E	E041 (10/08)	
2. Principal Office Address - No P.O. Box # 4213 mosby street,				3. Mailing Office Address po box 37,				4. State/Country of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			florida, usa 5. Date Organized or Qualified				
City & State			City & State			To Do Business in Florida 08/28/07					
pace, fl				milton fl				6. FEI Number Applied For 593222049 Not Applicable			
Zip 32571		ountry Sa		32572-0037	7	Count USA	Ŋ				Additional Fee required a Certificate of Status
	8.	Name ar	nd Address of	Current Registe	red Agent	·			:		· · · · · · · · · · · · · · · · · · ·
Name george h kelly jr Street Address (P.O. Box Number is Not Acceptable) 4213 mosby street, Suite, Apt. #, Etc. City pace, fl State Zip Code 32571							✓ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 \ reinstatement be waived.				
9. I, being ap Signature of Registered Ag	H	stered ag	#/	ve named limited l	1		am familiar with and	accept the obligat	Date 10/0		
10. Names	Names and Street Addresses of Managing Members/Managers Name of Street Address of							ch		C:t- / Ct-+-	
Marm	Managing Members/Managers george h kelly jr (100) %			-	Managing Member/Mana 4213 mosby st.				pace . florida 32571		
OWINE	er george ir keiry ir (100) //					42 to mosoy 3			Pass : Helli		
								30 10/13	/01 36 /080102	366 :3 27011	13:3 **5.00
RE	EINS		rem	ENT	040	8	<u> </u>	51 10727	10137 7080105	3267 8-010	75 **177.50
			-				**		W0800	00475	584
filing this all fees o as if mad Signature of Managing Me	reinstatement	application ited liability	the reason for company have	dissolution has be e been paid. The ii	een eliminat	ted, the	Date_10/	pany name satisfie	es the requirement ate, and my signal Daytime Phone#	ts of section 60a ture shall have t	8.406, F.S., and that the same legal effect