

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000085039

Entity Name: ESPIGA FOODS, LLC

FILED  
Oct 03, 2007  
Secretary of State

## Current Principal Place of Business:

11277 NW 79TH LN.  
MEDLEY, FL 33178

## New Principal Place of Business:

3911 SW 160 AVE  
103  
MIRAMAR, FL 33027

## Current Mailing Address:

11277 NW 79TH LN.  
MEDLEY, FL 33178

## New Mailing Address:

3911 SW 160 AVE  
103  
MIRAMAR, FL 33027

FEI Number: 20-1942064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

CORTES, ARTURO  
11277 NW 79TH LN.  
MEDLEY, FL 33178      US

## Name and Address of New Registered Agent:

CORTES, ARTURO  
3911 SW 160 AVE  
103  
MIRAMAR, FL 33027      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: ARTURO CORTES

10/03/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P      ( ) Delete  
Name: CORTES, ARTURO  
Address: 11277 NW 79TH LN.  
City-St-Zip: MEDLEY, FL 33178

Title: VP      ( ) Delete  
Name: JIMENEZ, OLGA L  
Address: 11277 NW 79TH LN.  
City-St-Zip: MEDLEY, FL 33178

## ADDITIONS/CHANGES:

Title: P      (X) Change ( ) Addition  
Name: CORTES, ARTURO  
Address: 3911 SW 160 AVE # 103  
City-St-Zip: MIRAMAR, FL 33027

Title: VP      (X) Change ( ) Addition  
Name: JIMENEZ, OLGA L  
Address: 3911 SW 160 AVE # 103  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify 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: ARTURO CORTES

P

10/03/2007

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