

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000085653

Entity Name: TOP SEAFOOD, L.L.C.

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

2978 NW 99TH CT
DORAL, FL 33172 US

New Principal Place of Business:

5590 NW 107 AVENUE
1110
DORAL, FL 33178 US

Current Mailing Address:

2978 NW 99TH CT
DORAL, FL 33172 US

New Mailing Address:

5590 NW 107 AVENUE
1110
DORAL, FL 33178 US

FEI Number: 20-3395820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

PEREZ, JOSE J MGR
5590 NW 107 AV
1110
MIAMI, FL 33178 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: JOSE J PEREZ

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ J., JOSE J
Address: 2978 NW 99 CT
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: NAVA GUERRA, AUDIE G
Address: AVENIDA PRINCIPAL PUNTA DE PALMA FRENTE AL
City-St-Zip: PUNTA DE PALMA 4036 VENEZUEL, XX XX

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ J., JOSE J
Address: 5590 NW 107 AV APT 1110
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE J PEREZ

MGR

05/19/2009

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