2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L05000095072

Entity Name: APCO RESTAURANT SOLUTIONS, LLC

Current Principal Place of Business:

1007 BALLINGER ROAD
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

1007 BALLINGER ROAD
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 20-3554999 **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:

OVERBECK, CHRISTOPHER K
1007 BALLINGER ROAD
LUTZ, FL 33548 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: CHRISTOPHER K. OVERBECK

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	OVERBECK, CHRISTOPHER K	
Address:	1007 BALLINGER ROAD	
City-St-Zip:	LUTZ, FL 33548 US	
Title:	MGRM	( ) Delete
Name:	HIGHNOTE, DONALD B JR.	
Address:	18411 TIMBERLAN DRIVE	
City-St-Zip:	LUTZ, FL 33549 US	
Title:	MGRM	( ) Delete
Name:	OVERBECK, TERESA	
Address:	1007 BALLINGER ROAD	
City-St-Zip:	LUTZ, FL 33548 US	
Title:	MGRM	( ) Delete
Name:	HIGHNOTE, MICHELLE L	
Address:	18411 TIMBERLAN DRIVE	
City-St-Zip:	LUTZ, FL 33549 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CHRISTOPHER K. OVERBECK MGRM 04/08/2008

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