

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102797

FILED
Apr 16, 2007
Secretary of State

Entity Name: AMERICAN DISTRIBUTORS, LLC

Current Principal Place of Business:

14820 SW 144 TERR
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

14820 SW 144 TERR
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 20-3645975 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:

Name and Address of New Registered Agent:

ORDONEZ, JUAN M MGR
14820 SW 144 TERR
MIAMI, FL 33196 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: JUAN ORDONEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ORDONEZ, ELICIA
Address: 14820 SW 144 TERR
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM () Delete
Name: ORDONEZ, ROXANA M
Address: 14820 SW 144 TERR
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM () Delete
Name: ORDONEZ, MONICA P
Address: 14820 SW 144 TERR
City-St-Zip: MIAMI, FL 33196 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:

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: JUAN ORDONEZ

MGRM

04/16/2007

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