2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 18, 2009
Secretary of State

DOCUMENT# L06000005274

Entity Name: VKC TOPS LLC

Current Principal Place of Business:

891 HARMONY LANE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

891 HARMONY LANE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 11-3767998 **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:

CORALLO, VICTOR
891 HARMONY LANE
ENGLEWOOD, FL 34223 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: VICTOR CORALLO
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CORALLO, VICTOR
Address: 891 HARMONY LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete
Name: CORALLO, KELLY
Address: 891 HARMONY LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete
Name: CORALLO, KARA
Address: 891 HARMONY LANE
City-St-Zip: ENGLEWOOD, FL 34223

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 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: KELLY CORALLO V.P. 11/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date