

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000027324

FILED
Dec 02, 2008
Secretary of State

Entity Name: MBW ENTERPRISES, LLC.

Current Principal Place of Business:

512 11TH STREET N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

512 11TH STREET N
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-4506393 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:

LIBERISTE, ELIERE
512 11TH STREET N
NAPLES, FL 34102 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: ELIERE LIBERISTE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIBERISTE, ELIERE
Address: 101 BLUE RIDGE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: BENITHE, DORESTIN
Address: 118 QUAIL HOLLOW CT
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: BROWNING, JOYCE
Address: 9560 VANDERBILT DRIVE
City-St-Zip: NAPLES, FL 34108

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: JOYCE BROWNING

MGR

12/02/2008

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