

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000057081

FILED
Sep 28, 2007
Secretary of State

Entity Name: NICHE PRODUCT SALES LLC

Current Principal Place of Business:

UNIT 1C QUARRY CRESCENT, PENNYGILLIAM IND
LAUNCESTON,CORNWALL PL157PF,

New Principal Place of Business:

586 NW MERCANTILE PLACE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

UNIT 1C QUARRY CRESCENT, PENNYGILLIAM IND
LAUNCESTON,CORNWALL PL157PF,

New Mailing Address:

586 NW MERCANTILE PLACE
PORT SAINT LUCIE, FL 34986

FEI Number: 98-0511649 **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BERNADINE ROWLANDS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ROWLANDS, TERRY
Address: UNIT 1C QUARRY CRESCENT, PENNYGILLIAM IND
City-St-Zip: LAUNCESTON,CORNWALL PL157PF,

Title: MGR (X) Change () Addition
Name: ROWLANDS, TERRY
Address: 11265 SW KINGSLAKE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: TERRY ROWLANDS

MR

09/28/2007

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