

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000088503

**FILED**  
**Oct 21, 2008**  
**Secretary of State**

**Entity Name:** ADVENTUROUS PALATE, LLC

**Current Principal Place of Business:**

509 LAKE AVENUE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 SOUTH N STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

509 LAKE AVENUE  
LAKE WORTH, FL 33460 US

**FEI Number:** 20-5543039      **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:**

BENOIT, CHRISSY  
820 SOUTH N STREET  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

BENOIT, CHRISSY  
509 LAKE AVENUE  
LAKE WORTH, FL 33460 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: CHRISSY BENOIT

10/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENOIT, CHRISSY  
Address: 820 SOUTH N STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BENOIT, CHRISSY  
Address: 509 LAKE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460 US

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: CHRISSY BENOIT

OWNE

10/21/2008

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