

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000104714

**FILED**  
**Jul 23, 2009**  
**Secretary of State**

**Entity Name:** SOUTH LINE PRODUCTION LLC

**Current Principal Place of Business:**

19936 S.W. THIRD PLACE  
PEMBROKE PINES, FL 33021

**New Principal Place of Business:**

19441 SW 2 STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

19936 S.W. THIRD PLACE  
PEMBROKE PINES, FL 33021

**New Mailing Address:**

19441 SW 2 STREET  
PEMBROKE PINES, FL 33029

**FEI Number:** 20-5807187      **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:**

WOLFE, RICHARD C ESQ.  
C/O WOLFE & GOLDSTEIN, P.A.  
100 S.E. SECOND STREET, SUITE 3300  
MIAMI, FL 33131 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: SIMON MORALES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: MORALES, SIMON  
Address: 19936 S.W. THIRD PLACE  
City-St-Zip: PEMBROKE PINES, FL 33021

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: SIMON MORALES

PRES

07/23/2009

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