

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000006259

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

**Entity Name:** JOSEPH BUTLER DISTRIBUTING LLC

**Current Principal Place of Business:**

1212 DUVAL STREET, #1  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6254  
KEY WEST, FL 33041

**New Mailing Address:**

**FEI Number:** 20-8613323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

YATES, DONALD  
C/O DONALD E. YATES, P.A.  
611 EATON STREET  
KEY WEST, FL 33040 US

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

ROBERTS, FENELLA C MS.  
1212 DUVAL ST.  
1  
KEY WEST, FL 33040 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: FENELLA CLARE ROBERTS

11/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: BUTLER, JOSEPH A  
Address: 1212 DUVAL ST.  
City-St-Zip: KEY WEST, FL 33040 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: JOSEPH A. BUTLER

MR.

11/10/2008

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