

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000011772

Entity Name: S.M.K. WAREHOUSE LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

488 CAPISTRANO DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

3810 NE 15TH TERRACE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

488 CAPISTRANO DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

3810 NE 15TH TERRACE  
POMPANO BEACH, FL 33064

FEI Number: 20-8364993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

JOENS, JANET  
258 MARINERS BLVD.  
SPRING HILL, FL 34609      US

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

ROCHOLL IV, HENRY MR  
3810 NE 15TH TERRACE  
POMPANO BEACH, FL 33064      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: HENRY ROCHOLL IV

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROCHOLL IV, HENRY MR  
Address: 3810 NE 15TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM  
Name: SCOTT, KENNETH  
Address: 867 SE 14TH TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM  
Name: TSCHETTER JR, TIMOTHY  
Address: 2722 NE 4TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby 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: HENRY ROCHOLL IV

MGRM

04/07/2010

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