

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000045363

FILED
Oct 13, 2008
Secretary of State

Entity Name: LIGHTHOUSE BEVERAGE GROUP NA, LLC

Current Principal Place of Business:

415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

3050 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

3050 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064 US

FEI Number: **FEI Number Applied For (X)** **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:

SOUTH FLORIDA TAX, INC.
415 WEST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

SOUTH FLORIDA TAX, INC.
5001 SOUTH UNIVERSITY DRIVE
SUITE B
DAVIE, FL 33328 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: SCOTT E ITKIN

10/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIGHTHOUSE BEVERAGE, HOLDINGS, LLC
Address: 3050 NE 44TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES:

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: ROBERT V PLATH

MGRM

10/13/2008

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