2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2008
Secretary of State

DOCUMENT# L07000045680

Entity Name: C P DELI, LLC

Current Principal Place of Business:

3707 CRILL AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

3707 CRILL AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-8944134 **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:

OWENS, SHANA D
510 ELMWOOD AVENUE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

OWENS, SHANA D
129 TESSA TERR
PALATKA, FL 32177 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: SHANA D. OWENS 10/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OWENS, SHANA D
Address: 510 ELMWOOD AVENUE
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete
Name: OWENS, TIMOTHY D
Address: 510 ELMWOOD AVENUE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OWENS, SHANA D
Address: 129 TESSA TERR
City-St-Zip: PALATKA, FL 32177

Title: MGRM (X) Change ( ) Addition
Name: OWENS, TIMOTHY D
Address: 129 TESSA TERR
City-St-Zip: PALATKA, FL 32177

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: SHANA D. OWENS MGR 10/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date