

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000048134

FILED
Feb 23, 2009
Secretary of State

Entity Name: BEST PACKING LLC

Current Principal Place of Business:

5900 N.W. 99TH AVENUE, #7
DORAL, FL 33176

New Principal Place of Business:

Current Mailing Address:

5900 N.W. 99TH AVENUE, #7
DORAL, FL 33176

New Mailing Address:

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:

Name and Address of New Registered Agent:

AVILA, GLADYS
5900 N.W. 99TH AVENUE, #7
DORAL, FL 33176 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: EMILIO AVILA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVILA, GLADYS
Address: 5900 N.W. 99TH AVENUE, #7
City-St-Zip: DORAL, FL 33176

Title: MGR () Delete
Name: AVILA, EMILIO
Address: 5900 N.W. 99TH AVENUE, #7
City-St-Zip: DORAL, FL 33176

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: AMADOR, JUAN D
Address: 5900 NW 99 AVENUE #7
City-St-Zip: MIAMI, FL 33178 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: EMILIO AVILA

MGR

02/23/2009

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