

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000051135

**Entity Name:** SAVE-A-LOT WHOLESALERS, LLC

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

850 SE MONTEREY RD  
STUART, FL 34994 US

**New Principal Place of Business:**

1453 SE VILLAGE GREEN DR  
UNIT #5  
PORT ST. LUCIE, FL 34952 US

**Current Mailing Address:**

850 SE MONTEREY RD  
STUART, FL 34994 US

**New Mailing Address:**

1871 SE BOMA AVE  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 75-3241047      **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:**

TABER, DONALD J  
1871 SE BOMA AVENUE  
PORT ST. LUCIE, FL 34952 US

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

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: DONALD J TABER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TABER, DONALD J  
Address: 1871 SE BOMA AVE  
City-St-Zip: PORT ST LUCIE, FL 34952 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: DONALD J TABER

MGRM

10/31/2008

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