

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000055167

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** MULTI VENDOR PRODUCTS & PARTS, LLC

**Current Principal Place of Business:**

960 KOKOMO KEY LANE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

14975 77TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

960 KOKOMO KEY LANE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

14975 77TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 26-0246607      **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:**

GUAZZELLI, CHRISTOPHER  
960 KOKOMO KEY LANE  
DELRAY BEACH, FL 33483      US

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

GUAZZELLI, CHRIS  
14975 77TH PLACE NORTH  
LOXAHATCHEE, FL 33470      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: CHRIS GUAZZELLI

10/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: GUAZZELLI, JULIE  
Address: 14975 77TH PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP ( ) Change (X) Addition  
Name: GUAZZELLI, CHRIS  
Address: 14975 77TH PLACE NORTH  
City-St-Zip: LOXHATCHEE, FL 33470 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: JULIE GUAZZELLI

PRES

10/27/2008

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