

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000082037

FILED
Oct 15, 2008
Secretary of State

Entity Name: SHOP FAMILIA, LLC

Current Principal Place of Business:

759 ALTURA STREET
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

9420 BUNTING LANE
FORT PIERCE, FL 34951 US

Current Mailing Address:

P. O. BOX 1227
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 26-0757257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAVIS, MARILYN C
9420 BUNTING LANE
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

BARTON, MARILYN C
9420 BUNTING LANE
FORT PIERCE, FL 34951 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: MARILYN C BARTON

10/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAVIS, MARILYN C
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM () Delete
Name: FAVIS, MARTIN A
Address: 12 LYDIA DRIVE
City-St-Zip: WEST NEW YORK, NJ 07093 US

Title: MGRM () Delete
Name: FAVIS, KARIZ T
Address: 12 LYDIA DRIVE
City-St-Zip: WEST NEW YORK, NJ 07093 US

Title: MGRM () Delete
Name: PASCUAL, DIETHER O
Address: 12 LYDIA DRIVE
City-St-Zip: WEST NEW YORK, NJ 07093 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARTON, MARILYN C
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM (X) Change () Addition
Name: MEDINA, CORAZON
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM (X) Change () Addition
Name: GAPAS, ERICA
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 US

Title: MGRM (X) Change () Addition
Name: PASCUAL, DIETHER O
Address: P. O. BOX 1227
City-St-Zip: FORT PIERCE, FL 34954 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: MARILYN C BARTON

MGRM

10/15/2008

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