

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000108610

FILED
Nov 16, 2009
Secretary of State

Entity Name: JO JO'S SNACKS & STUFF, LLC

Current Principal Place of Business:

505 S. FEDERAL HIGHWAY
SUITE 1
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

505 S. FEDERAL HIGHWAY
SUITE 1
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 26-1396356 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:

Name and Address of New Registered Agent:

WALLIS & WALLIS, P.A.
1600 S. FEDERAL HIGHWAY
SUITE 600
POMPANO BEACH, FL 33062 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: JOAN MARTINO WALLIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABU-MOUSTAFA, SHERIEF
Address: 505 S. FEDERAL HIFGHWAY, SUITE 1
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM (X) Delete
Name: BOBBY & DIANE ORR FAMILY MGMT CO, LLC
Address: 1515 SE 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

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

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: SHERIEF ABU-MOUSTAFA

MGRM

11/16/2009

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