
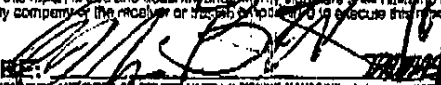


**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

08 NOV 12 PM 3:56

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # L07000108450			
1. Entity Name DELICIOSO CATERING LLC			
Principal Place of Business: 6810 FRONT ST. KEY WEST, FL 33040		MAILING ADDRESS: 6810 FRONT ST. KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 26-1322084		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5,000 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOUNT, ELIZABETH E 154 KEY HAVEN ROAD KEY WEST, FL 33040		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Delicate: typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FCR IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLOUNT, THOMAS E JR. 6810 FRONT ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELIZABETH E BLOUNT 154 KEY HAVEN RD KEY WEST FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11/05/08--01043--001 *** 138.75 700137679117 11/05/08--01043--001 *** 138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT Without Penalty 2008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11/12/08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing document complies with the requirements contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 a person authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		10-29-8	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	