2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124271

Entity Name: DISTRIBUIDORA LEON ENTERPRISES, LLC

FILED Sep 01, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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608 HITCHCOCKS ST 1710 TURKEY CREEK RD

PLANT CITY, FL 33563 US BLDG B

PLANT CITY, FL 33566 US

Current Mailing Address: New Mailing Address:

1109 WARNELL ST 1710 TURKEY CREEK RD

PLANT CITY, FL 33566 US BLDG B

PLANT CITY, FL 33566 US

FEI Number: 26-1572985 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:

LEON, CARLOS R 1109 WARNELL ST

PLANT CITY, FL 33566 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: CARLOS R LEON

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEON, CARLOS R
 Name:

 Address:
 1109 WARNELL STREET
 Address:

 City-St-Zip:
 PLANT CITY, FL 33566 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 LEON, ANDREÁ B
 Name:

 Address:
 1109 WARNELL STREET
 Address:

 City-St-Zip:
 PLANT CITY, FL 33566 US
 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: CARLOS R LEON MB 09/01/2009