

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000020696

FILED
Sep 30, 2009
Secretary of State

Entity Name: FISHBUSTERZ DELIVERY, LLC

Current Principal Place of Business:

6840 FRONT STREET
STOCK ISLAND, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 169
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 26-2154430 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:

DIDATO, THOMAS J
526 SOUTHARD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DIDATO, THOMAS J ESQ
526 SOUTHARD STREET
KEY WEST, FL 33040 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: THOMAS J DIDATO, ESQ

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DICKSTEIN, ERIC
Address: 1121 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: RENIER, CHARLES
Address: 3 COCONUT DRIVE
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RENIER, CHARLES
Address: 3820 EAGLE AVE
City-St-Zip: KEY WEST, FL 33040 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: ERIC DICKSTEIN

MM

09/30/2009

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