2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# L08000026161

Entity Name: ESPO FAM FOOD, LLC

Current Principal Place of Business:

1111 SW MARTHA DOWNS BLVD.
PALM CITY, FL 34990

New Principal Place of Business:

4189 SW HIGH MEADOW AVE
PALM CITY, FL 34990

Current Mailing Address:

1111 SW MARTHA DOWNS BLVD.
PALM CITY, FL 34990

New Mailing Address:

4189 SW HIGH MEADOW AVE
PALM CITY, FL 34990

FEI Number: 26-2202882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ESPOSITO, LISA
1111 SW MARTHA DOWNS BLVD.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

ESPOSITO, LISA
4189 SW HIGH MEADOW AVENUE
PALM CITY, FL 34990 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: LISA A. ESPOSITO 10/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ESPOSITO, LISA
Address: 1111 SW MARTHA DOWNS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete
Name: CABRALES, REA
Address: 1111 SW MARTHA DOWNS BLVD.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ESPOSITO, LISA A
Address: 4189 SW HIGH MEADOW AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: MGR (X) Change ( ) Addition
Name: CABRALES, REA
Address: 4189 SW HIGH MEADOW AVE
City-St-Zip: PALM CITY, FL 34990

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: LISA A. ESPOSITO MGR 10/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date