

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000033669

Entity Name: SFC PRODUCTS, LLC

FILED  
Oct 26, 2009  
Secretary of State

## Current Principal Place of Business:

5805 BLUE LAGOON DR  
SUITE 280  
MIAMI, FL 33126 US

## New Principal Place of Business:

5430 RIVIERA DRIVE  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

P.O. BOX 144242  
CORAL GABLES, FL 33114 US

## New Mailing Address:

5430 RIVIERA DRIVE  
CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For (X) 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:

MENENDEZ, ALICIA  
5805 BLUE LAGOON DR.  
SUITE 280  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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: ALICIA MENENDEZ

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANCLEMENTE, MARTA S  
Address: P.O. BOX 144242  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR ( ) Delete  
Name: MENENDEZ, ALICIA  
Address: P.O. BOX 144242  
City-St-Zip: CORAL GABLES, FL 33114 FL

## 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: ALICIA MENENDEZ

MGR

10/26/2009

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