

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000034043

Entity Name: TROPIC FLAVORZ, LLC

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9935 N.W. LITTLE RIVER DRIVE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

9935 N.W. LITTLE RIVER DRIVE  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 26-4708214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

CURTLEE, SAMUEL  
9935 N.W. LITTLE RIVER DRIVE  
MIAMI, FL 33147 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: CURTLEE SAMUEL

03/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SAMUEL, CURTLEE  
Address: 9935 N.W. LITTLE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33147

Title: MGR  
Name: VIGILLE, JANIL  
Address: 9935 N.W. LITTLE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33147

Title: S  
Name: SAMUEL, CURTLEE  
Address: 9935 N.W. LITTLE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33147

I hereby 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: CURTLEE SAMUEL

MGR

03/03/2011

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