

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000048570

**FILED**  
**Dec 21, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY DELIGHTS II, LLC

**Current Principal Place of Business:**

3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024

**New Principal Place of Business:**

1455 NW 107 AVENUE  
432  
DORAL, FL 33172 US

**Current Mailing Address:**

3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024

**New Mailing Address:**

1455 NW 107 AVENUE  
432  
DORAL, FL 33172 US

**FEI Number:** 06-1806852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASARAN, METIN  
3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024 US

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

DONMEZ, KENAN  
1455 NW 107 AVENUE #432  
DORAL, FL 33172 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: KENAN DONMEZ

12/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DONMEZ, KENAN  
Address: 1455 NW 107 AVENUE #432  
City-St-Zip: DORAL, FL 33172 US

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: KENAN DONMEZ

MGRM

12/21/2012

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