

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000097217

**FILED**  
**May 06, 2014**  
**Secretary of State**

**Entity Name:** SURF CITY DISTRIBUTING, LLC

**Current Principal Place of Business:**

2541 GON BLVD  
209  
SUNRISE, FL 33322

**New Principal Place of Business:**

2541 ARAGON BLVD  
209  
SUNRISE, FL 33322

**Current Mailing Address:**

2541 GON BLVD  
209  
SUNRISE, FL 33322

**New Mailing Address:**

2541 ARAGON BLVD  
209  
SUNRISE, FL 33322

**FEI Number:** 46-0666098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OVALLE, JUAN M  
3051 E SUNRISE LAKES DR  
210  
SUNRISE, FL 33322 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:** JUAN OVALLE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** PRES  
**Name:** OVALLE, JUAN M  
**Address:** 3051E SUNRISE LAKES DR APT 210  
**City-St-Zip:** SUNRISE, FL 33322

**Title:** MGRM  
**Name:** RAUL, SHENKO  
**Address:** 685 LUCAS AVE  
**City-St-Zip:** LOS ANGELES, CA 90017 ES

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JUAN OVALLE

PRES

05/06/2014

Electronic Signature of Authorized Person

Date