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LIMITED-LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	L	93000	000	202
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1. Limited Liability Company's Name Seven 1) wholesale of Florida, L.C.

225 N. Federal Huy, Su. re 410 Poin pano Beach, 71 33062 3. Mailing Office Address 2. Principal Office Address

FILED STATE
SECRETARY OF STATE DIVISION OF CORPORATIONS
DIAISION OF CORPORATIONS

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	Same	524	Same		Ī	4. State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 06/25/1993—			
					_				
City & State	City & State		City & State						
						6. FEI Number	o 36446	''	pplicable
Zip	Country	Zip		Country		7.		GG(0) 0.0000	
						CERTIFICATE	E OF STATUS DESIRED 🗌	(D)	ana30
		8. 1	lame and A	dress of Cur	rent Registere	d Agent			
	Name	18				90	0000346	5219-	-9
	Dehnis De	Coo!					<u>-11/15/00-</u>	01119097	
	Street Address (P.O. Box Number i	Not Acceptable)	11.		r	/ /0	****50.00) *****5B (30
	225 10, 1	10001	Mu	1, 30.	1/6/	7 70			
	Suite, Apt. #, Etc.							Ŭ.	
	City	3 /	7/				State Zip Code FL 3304	, 4,	
	City Pom Pano 8	beach,	+/_				FL 3306	, <u>~</u>	
9. I, being	appointed the registered agent of the	above named limite	d liability cor	npany, am farr	niliar with and a	ccept the obligat	tions of Chapter 608, F.S	 }.	
Signature o	. 10	. 9 0					2 v 5 .]
Registered		2/3/					Date 16-2	1-00	
		REGISTERED AG	ENT MUST	SIGN					
10. Name	es and Street Addresses of Managing I	dembers/Managers							
Titles	Titles Name of		Street Address of Each		City / State / Zip				
	Managing Members/Managers			Managing Member/Manager					
MEM	Donald A Dra	601	8600	South	OZEAN	Mire	Jensen Be	Ach 7/3H	957
7712			0/				Jensen Ben	. 7/2/	
MEM	Dehnis De Go	<u>/</u>	8600	South	02+20	Drive	Jensen Ben	rch 11 549	95 /
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74									}
									
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filing the	by that I am managing member/managing in the reason is reinstatement application the reason is owed by the limited liability company leade under oath.	for dissolution has	been elimina	ited, the limited	d liability compa	ny name satisfie	es the requirements of se-	ction 608.406, F.S., ar	nd that
Signature of Managing M	uf Member/Manager	Ver G C	Yexte	<u> </u>	Date /0-	27-00 [Daytime Phone# <u>957</u>	4-786-01	08
Typed or on	inted name of signing Managing Memb	per/Manager	19 19 21 2	AL	Dr 601				I,