

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000000382

Entity Name: FOODSERVICE VENTURES, L.C.

FILED  
Oct 02, 2008  
Secretary of State

## Current Principal Place of Business:

757 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

757 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 59-3500837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANK, LARRY  
757 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

JACOB, KURIEN CEO  
757 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174 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: KURIEN JACOB

10/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SALES PARTNER SYSTEM, S, INC.  
Address: 757 SOUTH NOVA ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete  
Name: FOODSERVICE SOFTWARE, DEVELOPMENT, I NC  
Address: 757 S NOVA RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Delete  
Name: CITY PROVISIONERS, I, NC  
Address: 757 S NOVA RD  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: AFS TECHNOLOGIES, IN, C.  
Address: 2141 EAST HIGHLAND AVE. SUITE 100  
City-St-Zip: PHOENIX, AZ 85016

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: KURIEN JACOB

MGR

10/02/2008

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