

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000077677 f. Entity Name GARCELL'S WALL DESIGNS, LLC					
Principal Place of Business 9905 SOUTHWEST 5TH STREET CIRCLE MIAMI, FL 33174			Mailing Address 9905 SOUTHWEST 5TH STREET CIRCLE MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2180059	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
Name Guillermo GARCELL				Street Address (P.O. Box Number is Not Acceptable) 9905 SW 5 ST CIRCLE	
City MIAMI				State FL	
Zip Code 33174				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE		Guillermo GARCELL, MGR		DATE 4-11-2007	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME GARCELL, GUILLERMO		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS 9905 SOUTHWEST 5TH STREET CIRCLE	CITY-ST-ZIP MIAMI, FL 33174		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP MIAMI, FL 33174	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		STREET ADDRESS 500101935275		
TITLE ST	NAME GARCELL, GUILLERMO		CITY-ST-ZIP 05/09/07--01008--001 **200.00		
STREET ADDRESS 9905 SOUTHWEST 5TH STREET CIRCLE	CITY-ST-ZIP MIAMI, FL 33174		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP MIAMI, FL 33174	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP REINSTATEMENT 06-07		
NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		Guillermo GARCELL, MGR		DATE 4-11-2007	
305-502-3445		Daytime Phone #		Date	