

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 06, 2009  
Secretary of State**

DOCUMENT# L07000052426

Entity Name: FAMILY FLOORING DESIGN, LLC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

716 LUND CIRCLE  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

**New Mailing Address:**

716 LUND CIRCLE  
MELBOURNE, FL 32901 US

FEI Number: 26-0185611      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PUTZ, RUSTY  
716 LUND CIRCLE  
MELBOURNE, FL 32901 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: RUSTY PUTZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: PUTZ, RUSTY  
Address: 716 LUND CIRCLE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: WOLTERS, JENNIFER  
Address: 716 LUND CIRCLE  
City-St-Zip: MELBOURNE, FL 32901 US

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: JENNIFER WOLTERS

MGR

08/06/2009

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