

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 09, 2008
Secretary of State

DOCUMENT# L07000113809

Entity Name: DEKADENT DESIGNS, LLC

Current Principal Place of Business:

519 CYPRESS BEND DR.
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

519 CYPRESS BEND DR.
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 26-3339914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DEKA, JAMES A MGRM
519 CYPRESS BEND
OLDSMAR, FL 34677 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: JAMES A. DEKA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEKA, JAMES A MGRM
Address: 519 CYPRESS BEND DR
City-St-Zip: OLDSMAR, FL 34677 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: DEKA, DIANA M MGR
Address: 519 CYPRESS BEND
City-St-Zip: OLDSMAR, FL 34677 US

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: DIANA M. DEKA

MGR

12/09/2008

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