## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000113809

City-St-Zip:

Entity Name: DEKADENT DESIGNS, LLC

FILED Dec 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 519 CYPRESS BEND DR. OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 519 CYPRESS BEND DR. OLDSMAR, FL 34677 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DEKA, JAMES A MGRM Name: Name: Address: 519 CYPRESS BEND DR Address: City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: Title: Title: MGR ( ) Change (X) Addition () Delete Name: Name: DEKA, DIANA M MGR Address: Address: 519 CYPRESS BEND

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.

City-St-Zip:

OLDSMAR, FL 34677 US

SIGNATURE: DIANA M. DEKA MGR 12/09/2008