

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000010337

FILED
Oct 18, 2004
Secretary of State

Entity Name: VISUAL CONCEPTS OF FLORIDA, LLC

Current Principal Place of Business:

4640 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4640 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3734386 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:

ANDERSON, JON H ESQ.
ANDERSON & ARTIGLIERE, P.A.
4927 SOUTHFORK DR.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

HAEUSLER, SHARON S
4640 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813 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: SHARON S. HAEUSLER

10/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HAEUGLER, SHARON S
Address: 4640 CLEVELAND 1415 BLVD
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: SURRENCY, JAMES
Address: 4640 CLEVELAND 1415 BLVD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: SHARON S. HAEUSLER

MS

10/18/2004

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