

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L02000002608**

**1. Entity Name**  
**GRAND CENTRAL ENTERTAINMENT & DESIGN, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 29 AM 11:01

**Principal Place of Business**  
2612 CENTRAL AVENUE  
ST. PETERSBURG, FL 33712

**Mailing Address**  
2612 CENTRAL AVENUE  
ST. PETERSBURG, FL 33712

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172005 REIN-LLC CR2E101 (6/04)

**4. FEI Number**  
03-0384995

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DOUBLES, KRIS K  
2612 CENTRAL AVENUE  
ST. PETERSBURG, FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-23-05

**FILE NOW!!! FEE IS \$200.00**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** P ☐ Delete  
**NAME** DOUBLES, KRIS K  
**STREET ADDRESS** 2612 CENTRAL AVENUE  
**CITY-ST-ZIP** ST. PETERSBURG, FL 33712

**TITLE** ☐ Change ☐ Addition  
**NAME** 800059052888  
**STREET ADDRESS** 08/29/05--01033--001  
**CITY-ST-ZIP** \*\*200.00

**TITLE** VP ☐ Delete  
**NAME** LUSCOMBE, JAMES B  
**STREET ADDRESS** 2612 CENTRAL AVENUE  
**CITY-ST-ZIP** ST. PETERSBURG, FL 33712

**TITLE** ☐ Change ☐ Addition  
**NAME** REINSTATEMENT  
**STREET ADDRESS** 04-05  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-23-05

727-327-8204