

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000012893

FILED  
Oct 04, 2004  
Secretary of State

Entity Name: HOME STYLERS LTD. CO.

**Current Principal Place of Business:**

3603 ALMERIA AVENUE  
SARASOTA, FL 34239

**New Principal Place of Business:**

1359 LANDINGS DR  
SARASOTA, FL 34231

**Current Mailing Address:**

3603 ALMERIA AVENUE  
SARASOTA, FL 34239

**New Mailing Address:**

1359 LANDINGS DR  
SARASOTA, FL 34231

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

SIGURANI, ANGEL  
3603ALMERIA AVENUE  
SARASOTA, FL 34239 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LORD, PATRICIA  
Address: 1359 LANDINGS DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete  
Name: COPPAGE, THOMAS D  
Address: 3603 ALMERIA AVENUE  
City-St-Zip: SARASOTA, FL 34239

**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: THOMAS COPPAGE

MGR

10/04/2004

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