# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Jan 03, 2005**
**Secretary of State**

DOCUMENT# L02000025243

**Entity Name:** CENTRAL ART SUPPLY COMPANY, LLC.

**Current Principal Place of Business:**

689 CENTRAL AVE
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

689 CENTRAL AVE
ST PETERSBURG, FL 33701

**New Mailing Address:**

**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:**

JENNINGS, CLAUDIA S
689 CENTRAL AVE
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: CLAUDIA S JENNINGS
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: JENNINGS, CLAUDIA S
Address: 689 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JENNINGS, CLAUDIA S
Address: 689 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33701

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: CLAUDIA S JENNINGS MGRM 01/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date