

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000034461

Entity Name: AMAZING LIVING, LLC

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

14205 VILLAGE TERR DR  
TAMPA, FL 33624

**New Principal Place of Business:**

5340 LONG LEAF CT  
LAKELAND, FL 33810

**Current Mailing Address:**

14205 VILLAGE TERR DR  
TAMPA, FL 33624

**New Mailing Address:**

11601 TIMBERLY WAYE  
RICHMOND, VA 23238

FEI Number: 03-0498872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAZE, DANIEL A  
14205 VILLAGE TERR DR  
TAMPA, FL 33624 US

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

MAZE, DANIEL A  
5340 LONG LEAF CT  
LAKELAND, FL 33810 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: DANIEL A MAZE

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAZE, DANIEL A  
Address: 14205 VILLAGE TERR DR  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAZE, DANIEL A  
Address: 5340 LONG LEAF CT  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DANIEL A MAZE

MGRM

04/11/2006

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