

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005251

FILED
Oct 15, 2005
Secretary of State

Entity Name: RAIN FOREST HOME SERVICES & NURSERY L.L.C.

Current Principal Place of Business:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 334283900

New Principal Place of Business:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 33428

Current Mailing Address:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 334283900

New Mailing Address:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 33428

FEI Number: 56-2328434 **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:

Name and Address of New Registered Agent:

LOEB, JAMES M PRES.
11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 334283900 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: JAMES LOEB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOEB, JAMES M PRES.
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 334283900

Title: MGRM () Delete
Name: DASILVA, GERALDO VP
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 334283900

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOEB, JAMES M PRES.
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Change () Addition
Name: DASILVA, GERALDO VP
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 33428

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: JAMES LOEB

PRES

10/15/2005

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