

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000011653

Entity Name: MORETHANDECOR, LLC

FILED
Aug 25, 2010
Secretary of State

Current Principal Place of Business:

3326 NORTH MIAMI AVE
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

3326 NORTH MIAMI AVE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 86-1064249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

FUENTES, ANDREINA M MGRM
1643 BRICKELL AVENUE
SUITE 804
MIAMI, FL 33129 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: ANDREINA M FUENTES

08/25/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S
Name: FUENTES, LESLIE VICE
Address: 5910 SW 84TH STREET
City-St-Zip: MIAMI, FL 33143 US

Title: T
Name: FUENTES, LESLIE PRES
Address: 5910 SW 84 ST
City-St-Zip: MIAMI, FL 33143 US

Title: D
Name: FUENTES, LESLIE
Address: 5910 SW 84 ST
City-St-Zip: MIAMI, FL 33143 US

Title: P
Name: FUENTES, ANDREINA
Address: 1643 BRICKELL AVENUE UNIT 804
City-St-Zip: MIAMI, FL 33129

Title: D
Name: FUENTES, ANDREINA
Address: 1643 BRICKELL AVENUE UNIT 804
City-St-Zip: MIAMI, FL 33129

Title: V
Name: FUENTES, MERCEDES
Address: 791 CRANDON BLV. APT 1002
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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: ANDREINA M FUENTES

D

08/25/2010

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