

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000012199

1. Entity Name
FULL FRONTAL DESIGNS LLC



FILED
04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
800 W. AVE
PH 27
MIAMI BEACH, FL 33139

Mailing Address
800 W. AVE
PH 27
MIAMI BEACH, FL 33139

2. Principal Place of Business
above

3. Mailing Address
above

City & State
above

Zip
above

Country
above

11032004 REIN-LLC CR2E101 (6/04)

4. FEI Number **73-1662872** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SNYDER, GREGG
800 W. AVE
PH 27
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name **GREGG SNYDER**
Street Address (P.O. Box Number is Not Acceptable) **800 West Ave**
City **PH 27**
City **Miami Beach FL** Zip Code **33139**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gregg Snyder* (NOTE: Registered Agent signature required when reinstating) DATE **11/10/04**

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNYDER, GREGG 800 W. AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043366044 12/13/04--01059--017 **155.00
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REINSTATEMENT 2004

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gregg Snyder* 11/10/04 (305) 538-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #