

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000032301

Entity Name: SOFA KING CREATIVE, LLC

FILED
Dec 10, 2004
Secretary of State

Current Principal Place of Business:

8855-B THUMBWOOD CIR.
BOYNTON BEACH, FL 33436

New Principal Place of Business:

1200 WEST AVENUE, PH#5
MIAMI BEACH, FL 33139

Current Mailing Address:

8855-B THUMBWOOD CIR.
BOYNTON BEACH, FL 33436

New Mailing Address:

1200 WEST AVENUE, PH#5
MIAMI BEACH, FL 33139

FEI Number: 20-0180946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIAN ALLEN KIP
8855-B THUMBWOOD CIR.
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

JOSHUA POWE
1200 WEST AVENUE, PH#5
MIAMI BEACH, FL 33139 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: JOSHUA POWE

12/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: POWE, JOSHUA
Address: 1200 WEST AVENUE, PH #5
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Change (X) Addition
Name: LEGAGNEUR, JR., J. GERARD
Address: 1200 WEST AVENUE, APT. 604
City-St-Zip: MIAMI BEACH, FL 33139

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: J. GERARD LEGAGNEUR, JR.

MGRM

12/10/2004

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