

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049046

1. Entity Name
INTERDESIGN US, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -8 AM 10:53

Principal Place of Business
540 HARBOR DR
KEY BISCAYNE, FL 33149

Mailing Address
540 HARBOR DR
KEY BISCAYNE, FL 33149

2. Principal Place of Business

3. Mailing Address

180 Crandon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 114

City & State

City & State

Key Biscayne

Zip

Country

Zip

Country

FL 33149

10192005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0434500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORDOVA, DIEGO E CPA
8905 SW 87TH AVE, STE 200
MIAMI, FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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
MGR
KHOURI, ROGER K
540 HARBOR DR
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700061257057
11/08/05--01042--004 ***150.00 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #