

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000003259

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** BRUCE MAIR INTERIOR DESIGN LLC

**Current Principal Place of Business:**

1716 FOWLER ST.  
FORT MYERS, FL 33901

**New Principal Place of Business:**

11841 PALM BEACH BLVD. # 117  
FORT MYERS, FL 33905

**Current Mailing Address:**

1716 FOWLER ST.  
FORT MYERS, FL 33901

**New Mailing Address:**

11841 PALM BEACH BLVD. # 117  
FORT MYERS, FL 33905

**FEI Number:** 20-0582023      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

WATSON, HAROLD  
1716 FOWLER ST.  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

WATSON, HAROLD  
11841 PALM BEACH BLVD. # 117  
FORT MYERS, FL 33905      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: HAROLD W. WATSON

04/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: MAIR, BRUCE L  
Address: 11841 PALM BCH BLVD 117  
City-St-Zip: FORT MYERS, FL 33905

Title: MGR  
Name: WATSON, HAROLD W  
Address: 11841 PALM BCH BLVD 117  
City-St-Zip: FORT MYERS, FL 33905

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: HAROLD W. WAYSON

MGR

04/08/2010

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