

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000022105

**Entity Name:** ART-HAUS DESIGNS, LLC

**FILED**  
**Oct 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 2075  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

1010 11TH AVENUE WEST  
BRADENTON, FL 34205

**Current Mailing Address:**

P.O. BOX 2075  
ANNA MARIA, FL 34216

**New Mailing Address:**

**FEI Number:** 20-0918965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

GOETHE, JEFFREY S  
3119 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: G NEWNHAM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWNHAM, GLYN EDWARD  
Address: P.O. BOX 2075  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGR ( ) Delete  
Name: NEWNHAM, CAROLINE JANE  
Address: P.O. BOX 2075  
City-St-Zip: ANNA MARIA, FL 34216

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: G NEWNHAM

MR

10/01/2007

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