

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036578

FILED  
Nov 17, 2008  
Secretary of State

Entity Name: ARTISAN TILE WORKS, LLC

**Current Principal Place of Business:**

5380 N LAKE BURKETT LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5380 N LAKE BURKETT LANE  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 73-1703794      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:**

CARROLL, OMayra  
5380 N LAKE BURKETT LANE  
WINTER PARK, FL 32792      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: OMayra Carroll

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CARROLL, OMayra  
Address: 5380 N LAKE BURKETT LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGR      ( ) Delete  
Name: MATIAS, SONIA  
Address: 5380 N LAKE BURKETT LANE  
City-St-Zip: WINTER PARK, FL 32792 US

**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: OMayra Carroll

P

11/17/2008

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