

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000039464

Entity Name: VECXEL DESIGN STUDIO L.L.C.

FILED
May 17, 2009
Secretary of State

Current Principal Place of Business:

1265 N.W. 27 AVE.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1265 N.W. 27 AVE.
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 80-0111923 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:

JUSTE, SAMUEL
500 NE 26 STREET, APT. 3B
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

GOTTFRIED, CHATFIELD
1265 N.W. 27 AVE.
POMPANO BEACH, FL 33069 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: GOTTFRIED CHATFIELD

05/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JUSTE, SAMUEL
Address: 500 NE 26 STREET, APT. 3B
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Delete
Name: CHATFIELD, GOTTFRIED
Address: 1265 N.W. 27 AVE.
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM (X) Delete
Name: JAMES, HENSON C
Address: 7314 NORTH HIGH BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHATFIELD, GOTTFRIED B
Address: 1265 N.W. 27 AVE.
City-St-Zip: POMPANO BEACH, FL 33069

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: GOTTFRIED CHATFIELD

MGRM

05/17/2009

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