

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000072566

FILED
Aug 02, 2006
Secretary of State

Entity Name: THE HOLIDAY LIGHTING COMPANY LLC

Current Principal Place of Business:

424 25TH AVENUE, NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

106 18TH AVENUE SOUTH EAST
ST. PETERSBURG, FL 33705

Current Mailing Address:

424 25TH AVENUE, NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

106 18TH AVENUE SOUTH EAST
ST. PETERSBURG, FL 33705

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

AUSTIN, ALICIA J
424 25TH AVENUE, NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

AUSTIN, ALICIA J
106 18TH AVE SOUTH EAST
ST. PETERSBURG, FL 33705 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: ALICIA J AUSTIN

08/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUSTIN, ALICIA J
Address: 424 25TH AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: AUSTIN, ALICIA J
Address: 106 18TH AVE SOUTH EAST
City-St-Zip: ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICIA J AUSTIN

PRES

08/02/2006

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