

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000080501

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Entity Name:** LARRY DUVAL WALLCOVERING SERVICE, LLC

**Current Principal Place of Business:**

3735 WINWARD LAKES DRIVE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

3735 WINWARD LAKES DRIVE  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 27-3867588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUVAL, LARRY  
3735 WINWARD LAKES DRIVE  
TAMPA, FL 33611 US

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

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:** LARRY DUVAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** LARRY DUVAL WALLCOVERING SERVICE, LLC  
**Address:** 3735 WINWARD LAKES DRIVE  
**City-St-Zip:** TAMPA, FL 33611 US

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LARRY DUVAL

OWNE

10/10/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date