

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000084279

Entity Name: OUTDOOR DECOR, LLC

FILED  
Aug 25, 2006  
Secretary of State

**Current Principal Place of Business:**

651 PAM LEM STREET  
COCOA, FL 32926 US

**New Principal Place of Business:**

5859 CHESHIRE DR.  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

651 PAM LEM STREET  
COCOA, FL 32926 US

**New Mailing Address:**

5859 CHESHIRE DR.  
TITUSVILLE, FL 32780 US

FEI Number: 50-4111441      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:**

SCHAFFER, RICHARD T  
651 PAM LEM STREET  
COCOA, FL 32926 US

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

SCHAFFER, RICHARD T  
5859 CHESHIRE DR.  
TITUSVILLE, FL 32926 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: RICHARD T. SCHAFFER

08/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHAFFER, RICHARD T  
Address: 651 PAM LEM STREET  
City-St-Zip: COCOA, FL 32926 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHAFFER, RICHARD T  
Address: 5859 CHESHIRE DR.  
City-St-Zip: TITUSVILLE, FL 32780 US

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: RICHARD T. SCHAFFER

MGR

08/25/2006

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