

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088361

1. Entity Name
WOODFLOORING BY DESIGN LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 AM 9:47

Principal Place of Business
16501 NORWOOD DRIVE
TAMPA, FL 33624

Mailing Address
16501 NORWOOD DRIVE
TAMPA, FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11172005 REIN-LLC CR2E101 (6/04)

4. FEI Number
202634088

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWRY, JAMES A.
16501 NORWOOD DRIVE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James A. Lowry

(NOTE: Registered Agent signature required when reinstating)

11-30-05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LOWRY, JAMES A
STREET ADDRESS 16501 NORWOOD DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE MGRM ☐ Delete
NAME LOWRY, MAE E
STREET ADDRESS 16501 NORWOOD DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000061992690
12/07/05--01041--011 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

James A. Lowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-30-05

Date

813.690.0036

Daytime Phone #