PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

| С | ED LIAB OMPAN STATEN | Y | Secre | etary of S | MENT OF STATE tate DRATIONS | | 19 IE 13 KMII: 35 |
|--|---|--|--|--|--|---|---|
| DOCUMENT # _ 0500016690 1. Limited Liability Company's Name Random Design, LLC | | | | | | | Villa, San |
| 2. Principal | ess - No P.O. Box# /e | 3. Mailing Office / | 3. Mailing Office Address | | | CR2E041 (1/14) 4. State/Country of Formation | |
| Suite, Apt. #, | , etc. | | Suite Apt. #, etc. | | | Florida, USA 5. Date Organized or Qualified | |
| City & State | | | City & State | | | To Do Business in Florida 1/17/2005 | |
| Tallahass | see, FL | | ony a state | | | 6. FEI Number Applied For 20-2349753 Not Applicable | |
| Žip 32301 | · ' | | Ζ _i ρ | | Country | | Not Applicable STATUS DESIRED 55.00 Additional Fee required for a certificate of status |
| 8. Name and Address of Current Registered Agent | | | | | | | |
| Name Kellie Youmans Street Address (P.O. Box Number is Not Acceptable) Surte, 1122 Albritton Drive Apt #, Etc. | | | | | | 900288115129 07/19/1601013002 **377.50 | |
| City Tallahassee State Zip Code 32301 | | | | | | , -, -, | |
| 9. I, being Signature o Registered | of | he registered agent of the abo | ve named limited liabi | on | any, am familiar with and ac | cept the obl _i gations | s of Chapter 605, F.S. Date 7/19/2016 |
| 10. Names | and Street Ad | ddresses of Authorized Repres | entatives/Managers | | | | |
| Titles | Name of Authorized Representatives/ Managers | | | Street Address of Each Authonzed Representative/ Manager | | | City / State / Zip |
| managing member | Kellie Youmans | | | 1122 Albritton Drive | | ve | Tallahassee, FL 32301 |
| | R | EINSTAT | reme | NT | | | 3. HÁWKES JUL 19 A.M. EXAIVINER |
| 11, E- mail | Address Sk | youmans76@gmail | | | | | |
| certify that 605.0012, i shall have felony as p | when filing the F.S., and that the same leg rovided for in | his reinstatement application it all fees owed by the limited | nanager or the receiv the reason for dissol I liability company ha | rer or trus ution has ve been p alse infor | been eliminated, the limite baid. The information indic | e this application a ed liability compar ated on this applic ument to the Depa | as provided for in Chapter 605, F.S. I further by name satisfies the requirement of section sation is true and accurate, and my signature ritment of State constitutes a third degree |
| - | | of signing authorized represe | entative/member | | Date | | aydino chona # |