

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000021309

Entity Name: ARTISTIC FLOWER'S, LLC

**FILED**  
**Nov 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5735 NW 112TH PATH  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5735 NW 112TH PATH  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 84-1679454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351 US

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

ALDUNATE, CARLOS F  
5735 NW 112TH PATH  
DORAL, FL 33178 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: CARLOS F. ALDUNATE

11/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NURNBERG, ERIKA  
Address: 5735 NW 112TH PATH  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: ALDUNATE, CARLOS F  
Address: 5735 NW 112TH PATH  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NURNBERG ERIKA

TECH

11/13/2007

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