

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 30 PM 1:16

DOCUMENT # L05000021892

1. Limited Liability Company's Name

INTERIORS Complete Design, LLC.

2. Principal Office Address - No P.O. Box #

4526 Ish BRANT Rd. W.

3. Mailing Office Address

4526 Ish BRANT Rd. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX., FL.

City & State

JAX., FL.

Zip

32210

Country

USA

Zip

32210

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 2, 2005

6. FEI Number

55-0894220

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

BRENDA LUTEN

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

4526 Ish BRANT Rd. W.

Apt. #, Etc.

City

JAX.,

State

FL

Zip Code

32210

600280497516  
12/30/15--01030--007 \*\*243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Brenda Luten

Date 12-29-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR OWNER	BRENDA Luten	4526 Ish BRANT Rd. W.	JAX., FL. 32210

REINSTATEMENT

2015

S. HAWKES

DEC 31 A.M.

EXAMINER

11. E-mail Address: BRENDALUTEN@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Brenda Luten

Date

12-29-15

Daytime Phone #

904-504-1549

Typed or printed name of signing authorized representative/member

BRENDA LUTEN