

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000051745

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** CORAL CARPET LLC

**Current Principal Place of Business:**

609 S PINE ST  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

609 S PINE ST  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 20-2888874      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
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:**

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

BIDDER, MICHAEL  
609 S PINE ST  
NEW SMYRNA BEACH, FL 32169      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: MICHAEL BIDDER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BIDDER, MICHAEL  
Address: 609 S PINE ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM ( ) Delete  
Name: BIDDER, CORAL  
Address: 609 S PINE ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**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: MICHAEL BIDDER

MGRM

10/16/2007

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