

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000112911

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** STYLE & DESIGN IDEAS LLC

**Current Principal Place of Business:**

7360 W 20 AVE  
BAY 124  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

7360 W 20 AVE  
BAY 124  
HIALEAH, FL 33016 US

**New Mailing Address:**

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

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

ROMAN, LUIS H  
7360 W 20 AVE  
BAY 124  
HIALEAH, FL 33016 US

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

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: LUIS ROMAN H

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROMAN, LUIS H  
Address: 7601 E TREASURE DRIVE APT# 2302  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROMAN, LUIS H  
Address: 7360 WEST 20 AV BAY 124  
City-St-Zip: HIALEAH, FL 33016 US

Title: MGR ( ) Change (X) Addition  
Name: MONCAYO, ANGELLY V  
Address: 7360 WEST 20AV BAY 124  
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELLY V MONCAYO

MGR

03/14/2007

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