

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000116050

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** KRISSY'S DIAMONDS, LLC

**Current Principal Place of Business:**

2258 NW 171 TERRACE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

3550 ESPLANADE #5201  
TALLAHASSEE, FL 32311

**New Mailing Address:**

4581 WESTON ROAD  
222  
WESTON, FL 33331

**FEI Number:** 20-3948323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

CARON, KRISTAL M  
3550 ESPLANADE WAY #5201  
TALLAHASSEE, FL 32311 US

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

CARON, KRISTAL M  
2258 NW 171 TERRACE  
PEMBROKE PINES, FL 33028 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: KRISTAL CARON

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARON, KRISTAL M  
Address: 3550 ESPLANADE WAY #5201  
City-St-Zip: TALLAHASSEE, FL 32311 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARON, KRISTAL M  
Address: 2258 NW 171 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: KRISTAL CARON

MGRM

04/13/2009

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