2007 LIMITED LIABILITY COMPANY

rce3/ExecMacro/ev68/selleadatatatatam. 4/10/2007

FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # L06000024015 1. Entity Name M AND G INTERIORS LLC					Secretary of State 04-18-2007 90033 039 ****50.00			
Principal Plac	e of Business	Mailing Address			1			
Principal Place of Business		727 S EDISON AVE				-		
12360 66TH ST N LARGO, FL 33773		TAMPA, FL 33606 US						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142007	Chg-LLC	CR2E083 (12/	D6)
City & State		City & State			4. FEI Number 20 - 41	176469	1	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Rec	Additional prired
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered Agent	
	recolope		Name					
M AND G INTERIORS 727 S EDISON AVE TAMPA, FL 33606			Street	Street Address (P.O. Box Number is Not Acceptable)				
''								
			City				FL Zip	Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office	or register	red agent, or bot	h, in the State of Fic	orida. Tam familiar v	vith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: I	Registered Agent sign	ature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007				-			e check payable Department of S	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Manager Ashley Germain 727 S. Edison Aure	☐ Delete	NAME STREET ADDRESS				Char	nge 🔲 Addition
	TP9, PC 33666		CITY-ST-ZIP	 				
TITLE NAME		☐ Delete	TITLE NAME	i			☐ Char	nge 🗌 Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Defete	TITLE	<u> </u>			☐ Char	rge Addition
NAME		_ 55,000	NAME					ф <u>Птамии</u>
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CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				wa
TITLE		☐ Delete	TITLE				☐ Char	nge 🔲 Addition
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CITY-ST-ZIP		111114 (1.33)	STREET ADORESS CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 36/1843 Japan C	4/14/07	813-251-6141
SIGNATURE AND TYPED OF CHITTEN HAME OF SIGNING MANAGING MEMBER, MANAGER OR ADDITIONATED REPRESENTATIVE	Defte	Deytime Phone #