



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000025563			
1. Entity Name JESSICA HOLMES INTERIOR CONSULTING LLC			
Principal Place of Business 628 CASSABELLA DRIVE BRADENTON, FL 34209		Mailing Address 628 CASSABELLA DRIVE BRADENTON, FL 34209	
2. Principal Place of Business - No P.O. Box # 1560 Blvd of the Arts		3. Mailing Address Same as 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34236	Country US	Zip	Country

**FILED**

2008 AUG 29 P 2:23

SECRETARY OF STATE  
TALLAHASSEE



08202008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4512566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BIRKHOLO, CINDY 512 N ORANGE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Jessica Holmes Webb Street Address (P.O. Box Number is Not Acceptable) 1560 Blvd of the Arts City Sarasota FL Zip Code 34236	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jessica H. Webb DATE Aug. 20, 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, JESSICA 628 CASABELLA DR BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500135372585 09/04/08--01036--008 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jessica H. Webb DATE Aug. 20, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE