
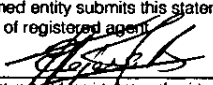
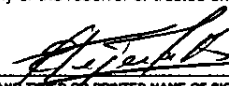


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000039600 1. Entity Name LADY FLOOR COVERING LLC		
Principal Place of Business 778 HENDRY DRIVE ORLANDO, FL 32822		Mailing Address 778 HENDRY DRIVE ORLANDO, FL 32822
2. Principal Place of Business - No P.O. Box # 263 Competition Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 263 Competition Dr. <small>Suite, Apt. #, etc.</small>
City & State Kissimmee FL		City & State Kissimmee FL
Zip 34743	Country USA	4. FEI Number 20-4701446
Zip 34743	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent TEJERA-RODRIGUEZ, ERDUIN 778 HENDRY DRIVE ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Erdwin Tejera Rodriguez Street Address (P.O. Box Numbers Not Acceptable) 263 Competition Dr. City Kissimmee FL Zip Code 34743
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 10/27/08
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		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		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME TEJERA-RODRIGUEZ, ERDUIN	TITLE MGR Erdwin Tejera Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 778 HENDRY DRIVE	CITY-ST-ZIP ORLANDO, FL 32822	STREET ADDRESS 263 competition dr.
CITY-ST-ZIP ORLANDO, FL 32822		CITY-ST-ZIP Kissimmee FL 34743
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 400137422554
		CITY-ST-ZIP 10/29/08--01024--004 **138.75
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 10/27/08 <small>Daytime Phone #</small>



10262008 REIN-LLC CR2E101 (1/07)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2008 NOV - 11 A 11:05
FILED