

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L06000045314

1. Entity Name
SWEET ACTION FRAMING LLC



Principal Place of Business
982 W BREVARD STREET APT. B16
TALLAHASSEE, FL 32304

Mailing Address
982 W BREVARD STREET APT. B16
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008 REIN-LLC CR2E101 (1/07)

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SYKES, LESHAWN G
1630 BALKIN ROAD LOT #95
TALLAHASSEE, FL 32305

Name *Leshawn G Sykes*

Street Address (P.O. Box Number is Not Acceptable)

*982 W Brevard Street Apt. B16
Tallahassee FL 32304*

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 *[Signature]*

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

2/11/08

DATE

FILE NOW!!! FEE IS \$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 MGRM
NAME SYKES, LESHAWN G
STREET ADDRESS 982 W BREVARD STREET APT B16
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

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: *[Signature]*

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

2/11/08

Date

Daytime Phone #

L. SELLERS

FEB 11 2008

EXAMINER