

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000073552

FILED
Oct 19, 2007
Secretary of State

Entity Name: DEL VESCOVO DESIGN GROUP, LLC

Current Principal Place of Business:

5824 BEE RIDGE RD. #185
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5824 BEE RIDGE RD. #185
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-5220286 **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:

DEL VESCOVO, TIMOTHY
5824 BEE RIDGE RD. #185
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

THE HOUSE OF TAXES, LLC
15108 HEATHRIDGE DRIVE
TAMPA, FL 33625 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: CHARLES HENDERSON

10/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEL VESCOVO, TIMOTHY
Address: 5824 BEE RIDGE RD. #185
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: HAMMOND, EDRINA
Address: 5824 BEE RIDGE RD. #185
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDRINA HAMMOND

MGRM

10/19/2007

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