## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000095465

Entity Name: ELUXURY FURNITURE, LLC

609 E PALM DR SUITE 207 A

FLORIDA CITY, FL 33034 US

Address:

City-St-Zip:

FILED Oct 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 609 E PALM DR SUITE 207 A FLORIDA CITY, FL 33034 US **New Mailing Address: Current Mailing Address:** 609 E PALM DR SUITE 207 SUITE 207 A FLORIDA CITY, FL 33034 US FEI Number: 56-2613282 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: Name and Address of New Registered Agent: HILL, MARK A II 609 É PALM DR SUITE 207 A FLORIDA CITY, FL 33034 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: JOHN STEWART Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HILL, MARK A II Name: Name: Address: 609 E PALM DR SUITE 207 A Address: City-St-Zip: FLORIDA CITY, FL 33034 US City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: WILLIAMS, ANTHONY Name: Address: 4630 S KIRKMAN RD SUITE 193 Address: City-St-Zip: ORLANDO, FL 32818 US City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, ELIJAH Name: Name: 609 E PALM DR SUITE 207 A Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: STEWART, JOHN Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN STEWART CEO 10/05/2007