

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Sep 29, 2007
Secretary of State**

DOCUMENT# L06000097898

Entity Name: MENDOZA-OLIVIERI DESIGNS LLC

Current Principal Place of Business:

137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-5669763 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:

OLIVIERI, ALEXSANDRA
137 GOLDEN ISLES DRIVE, APT. 1205
HALLANDALE BEACH, FL 33009 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: ALEXSANDRA OLIVIERI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: OLIVIERI, ALEXSANDRA
Address: 137 GOLDEN ISLES DRIVE, APT. 1205
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: MGRM () Delete
Name: MENDOZA, YOLANDA
Address: 137 GOLDEN ISLES DRIVE, APT. 1205
City-St-Zip: HALLANDALE BEACH, FL 33009

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: ALEXSANDRA OLIVIERI

MRS

09/29/2007

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