

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000105524

FILED
Sep 23, 2007
Secretary of State

Entity Name: SIGNATURE FAUX FINISHES, LLC

Current Principal Place of Business:

4012 SIOUX CIRCLE
JACKSONVILLE, FL 32259

New Principal Place of Business:

110 CUMBERLAND PARK DR
SUITE 105 106
ST AUGUSTINE, FL 32095

Current Mailing Address:

4012 SIOUX CIRCLE
JACKSONVILLE, FL 32259

New Mailing Address:

110 CUMBERLAND PARK DR
SUITE 105 106
ST. AUGUSTINE, FL 32095 US

FEI Number: 20-5820142 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:

CONFUORTO, GENNARO
4012 SIOUX CIRCLE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: GENNARO CONFUORTO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONFUORTO, GENNARO
Address: 4012 SIOUX CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONFUORTO, ALLYSON S
Address: 4012 SIOUX CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

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: ALLYSON S CONFUORTO

MGR

09/23/2007

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