

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000001629

FILED
Oct 08, 2009
Secretary of State

Entity Name: IE:DESIGNS, LLC

Current Principal Place of Business:

12086 FORT CAROLINE ROAD
501
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12086 FORT CAROLINE ROAD
501
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-8430922 **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:

SCHLEEF, ROBERT D
11034 HARBOR CAY CT.
JACKSONVILLE, FL 32225 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: ROBERT D. SCHLEEF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SCHLEEF, ROBERT
Address: 11034 HARBOR CAY CT.
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: MGRM () Delete
Name: SCHLEEF, VERONIQUE
Address: 11034 HARBOR CAY CT.
City-St-Zip: JACKSONVILLE, FL 32225

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: ROBERT D. SCHLEEF

MGRM

10/08/2009

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