

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000098596

1. Entity Name  
ROCKART DESIGNS, LLC



FILED

08 DEC 30 AM 8:16

STATE OF FLORIDA  
TALLAHASSEE FLORIDA

Principal Place of Business  
13780 ISHNALA CIR  
WELLINGTON, FL 33414

Mailing Address  
13780 ISHNALA CIR  
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12272008 REIN-LLC CR2E101 (1/07)

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCKWENK, AMY  
13780 ISHNALA CIR  
WELLINGTON, FL 33414

Name PANZER, AMY

Street Address (P.O. Box Number is Not Acceptable)

13780 Ishnala Circle

City Wellington

FL

Zip Code 33414

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 12/27/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME ROCKWERK, AMY  
STREET ADDRESS 13780 ISHNALA CIR  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE MGR ☒ Change ☒ Addition  
NAME PANZER, AMY  
STREET ADDRESS 13780 Ishnala Circle  
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/27/08

Date

Daytime Phone #