

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000105062

Entity Name: SAM POLK DESIGNS, LLC

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

380 WALTON ROSE LANE  
INLET BEACH, FL 32413

**New Principal Place of Business:**

8438 GULF BLVD  
A-1  
NAVARRE, FL 32566

**Current Mailing Address:**

380 WALTON ROSE LANE  
INLET BEACH, FL 32413

**New Mailing Address:**

8436 GULF BLVD  
222  
NAVARRE, FL 32566

FEI Number: 26-1241830      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:**

POLK, SAMUEL G  
380 WALTON ROSE LANE  
INLET BEACH, FL 32413      US

**Name and Address of New Registered Agent:**

POLK, SAMUEL G  
8436 GULF BLVD.  
222  
NAVARRE, FL 32566      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: SAMUEL G POLK

01/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: POLK, SAMUEL G  
Address: 380 WALTON ROSE LANE  
City-St-Zip: INLET BEACH, FL 32413

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: POLK, SAMUEL G  
Address: 8436 GULF BLVD. UNIT 222  
City-St-Zip: NAVARRE, FL 32566

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: SAMUEL G POLK

MGRM

01/05/2009

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