2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 12, 2009
Secretary of State

DOCUMENT# L07000106187

Entity Name: FAUXFILLING DESIGNS, LLC

Current Principal Place of Business:

4528 2ND AVE N.
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

4261 3RD AVE SW
NAPLES, FL 34119 US

Current Mailing Address:

4528 2ND AVE N.
ST. PETERSBURG, FL 33713 US

New Mailing Address:

4261 3RD AVE SW
NAPLES, FL 34119 US

FEI Number: 26-1263258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THOMPSON, STACY M
4528 2ND AVE. N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

THOMPSON, STACY M
4261 3RD AVE SW
NAPLES, FL 34119 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: STACY M THOMPSON 11/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THOMPSON, STACY M
Address: 4528 2ND AVE N.
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, STACY M
Address: 4261 3RD AVE SW
City-St-Zip: NAPLES, FL 34119 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: STACY M THOMPSON MGRM 11/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date