

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# L07000117733

Entity Name: KITCHEN AND GENERAL DESIGN, LLC

Current Principal Place of Business:

1902 WEST WATERS AVE
TAMPA, FL 33604 US

New Principal Place of Business:

13654 12 ST
7
TAMPA, FL 33613 US

Current Mailing Address:

1902 WEST WATERS AVE
TAMPA, FL 33604 US

New Mailing Address:

13654 12 ST
7
TAMPA, FL 33613 US

FEI Number: 30-0449775 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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: JUAN MORA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONDONO, ALEJANDRO
Address: 1902 WEST WATERS AVE
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM () Delete
Name: MORA, JUAN
Address: 8113 CAMELLA LANE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LONDONO, ALEJANDRO
Address: 13654 12 ST
City-St-Zip: TAMPA, FL 33613 US

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: JUAN MORA

MGRM

04/24/2009

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