

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000024216

FILED
Oct 16, 2009
Secretary of State

Entity Name: KNOBS, HINGES AND MORE, LLC

Current Principal Place of Business:

9122 TOWN CENTER PARKWAY, STE. 108
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

1800 NORTHGATE BLVD
SUITE A-11
SARASOTA, FL 34234

Current Mailing Address:

9122 TOWN CENTER PARKWAY, STE. 108
LAKEWOOD RANCH, FL 34202

New Mailing Address:

1800 NORTHGATE BLVD
SUITE A-11
SARASOTA, FL 34234

FEI Number: **FEI Number Applied For (X)** **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:

SAPORITO, NANCY
9122 TOWN CENTER PARKWAY, STE. 108
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

SAPORITO, SAL
1800 NORTHGATE BLVD
SUITE A-11
SARASOTA, FL 34234 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: SAL SAPORITO

10/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAPORITO, NANCY
Address: 14512 SUNDIAL PLACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAPORITO, SAL
Address: 14512 SUNDIAL PLACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: SAL SAPORITO

MGR

10/16/2009

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