

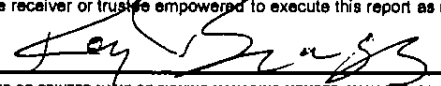


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 NOV 26 PM 5:54

TALLAHASSEE, FLORIDA

DOCUMENT # L08000045029			
1. Entity Name SCENTSIBLE SCENERY, L.L.C.			
Principal Place of Business 2949 SHAMROCK ST. N 11 TALLAHASSEE, FL 32309		Mailing Address 2949 SHAMROCK ST. N 11 TALLAHASSEE, FL 32309	
2. Principal Place of Business - No P.O. Box # 15 ROSEWOOD RD		3. Mailing Address 15 ROSEWOOD RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRAWFORDVILLE, FL		City & State CRAWFORDVILLE, FL	
Zip 32327	Country USA	Zip 32327	Country USA
4. FEI Number 80-0184446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAGG, ROY 2949 SHAMROCK ST. N 11 TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name: ROY BRAGG Street Address (P.O. Box Number is Not Acceptable) 15 ROSEWOOD RD City: CRAWFORDVILLE FL Zip Code: 32327	
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: 		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BRAGG, ROY 2949 SHAMROCK ST. N #11 TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROY BRAGG 15 ROSEWOOD RD CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	600242103406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11/27/12--01002--004 **238.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 2012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		11-26-12 roybragg@hotmail.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		E-MAIL ADDRESS	

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