

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000056577

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Entity Name:** AVAIL GRAPHICS DESIGN, LLC

**Current Principal Place of Business:**

10000 SHERIDAN STREET  
121  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

22448 SWORDFISH DR  
BOCA RATON, FL 33428 US

**Current Mailing Address:**

10000 SHERIDAN STREET  
121  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

22448 SWORDFISH DR  
BOCA RATON, FL 33428 US

**FEI Number:** 26-2836823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VITAL, SANTANA  
10000 SHERIDAN STREET  
121  
PEMBROKE PINES, FL 33024 US

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

VITAL, SANTANA  
22448 SWORDFISH DR  
BOCA RATON, FL 33428 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: SANTANA VITAL

11/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VITAL, SANTANA  
Address: 22448 SWORDFISH DR  
City-St-Zip: BOCA RATON, FL 33428

I hereby 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: SANTANA VITAL

MGRM

11/22/2010

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