

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000060827

**FILED**  
**May 13, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA LIFESTYLE KITCHENS & BATH, LLC

**Current Principal Place of Business:**

1590 ROYAL COUNTY DR.  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

**Current Mailing Address:**

1590 ROYAL COUNTY DR.  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

WILLINGER, PAUL  
1590 ROYAL COUNTY DR  
JACKSONVILLE, FL 32221 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: PAUL L. WILLINGER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLINGER, PAUL  
Address: 1590 ROYAL COUNTY DR  
City-St-Zip: JACKSONVILLE, FL 32221 US

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: PAUL L. WILLINGER

MGR

05/13/2010

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