

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094688

Entity Name: US WALL DECOR, LLC

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

9391 PINEOLA DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

9791 PINEOLA DRIVE
ORLANDO, FL 32836

Current Mailing Address:

9391 PINEOLA DRIVE
ORLANDO, FL 32836

New Mailing Address:

9791 PINEOLA DRIVE
ORLANDO, FL 32836

FEI Number: 26-3492314 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

MORRISON, CHRISTOPHER H ESQ
1215 LOUISIANA AVE
WINTER PARK, FL 32789 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: CHRISTOPHER H MORRISON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCARLATA, ALBERT R
Address: 9391 PINEOLA DR
City-St-Zip: ORLANDO, FL 32836

Title: MGR () Delete
Name: BOMLENY, NICK R
Address: 5130 TILDENS GROVE BLVD
City-St-Zip: WINTERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCARLATA, ALBERT R
Address: 9791 PINEOLA DR
City-St-Zip: ORLANDO, FL 32836

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: ALBERT R SCARLATA

MGRM

10/12/2009

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