

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000025866

**FILED**  
**Jan 17, 2013**  
**Secretary of State**

**Entity Name:** STUART ANTIQUE AND DESIGN CENTER, LLC.

**Current Principal Place of Business:**

1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 27-3447982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRELL, RICKEY L ESQ.  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 US

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

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: RUICKEY FARRELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BONE, PATRICIA  
Address: PO BOX 7604  
City-St-Zip: PORT ST LUCIE, FL 34985

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: PATRICIA BONE

MGRM

01/17/2013

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