

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000040798

Entity Name: DESIGNER'S HAVEN LLC

**FILED**  
**Oct 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

502 E. ROSS AVE., APT. 103  
TAMPA, FL 33602

**New Principal Place of Business:**

67 S E 1ST AVE  
WEBSTER, FL 33597

**Current Mailing Address:**

502 E. ROSS AVE., APT. 103  
TAMPA, FL 33602

**New Mailing Address:**

PO BOX 490792  
LEESBURG, FL 34749

FEI Number: 94-3479590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUNCAN, JAMIE  
502 E. ROSS AVE., APT. 103  
TAMPA, FL 33602 US

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

DUNCAN, JAMIE  
67 S E 1ST AVE  
WEBSTER, FL 33597 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: JAMIE DUNCAN

10/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUNCAN, JAMIE  
Address: PO BOX 490792  
City-St-Zip: LEESBURG, FL 34749

Title: MGR  
Name: GAROFALO, STEVEN  
Address: PO BOX 490792  
City-St-Zip: LEESBURG, FL 34749

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: JAMIE DUNCAN

MGR

10/10/2010

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