

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000013098

Entity Name: KOMFY COVERS LLC

**FILED**  
**Oct 12, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5889 SOUTH WILLIAMSON BLVD., SUITE 1405  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

5889 SOUTH WILLIAMSON BLVD., SUITE 1405  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 27-4631622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAZER, ROBERT D  
2090 SOUTH NOVA ROAD, SUITE AA05  
DAYTONA BEACH, FL 32119 US

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

CHANEY, MARY  
5889 S WILLIAMSON BLVD  
1405  
PORT ORANGE, FL 32128 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: MARY CHANEY

10/12/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHENEY, MARY C  
Address: 6084 RED STAG DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: TETA, ALICE  
Address: 5889 SOUTH WILLIAMSON BLVD., SUITE 1405  
City-St-Zip: PORT ORANGE, FL 32128

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: ALICE TETA

M

10/12/2013

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