

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000115346

**FILED  
Sep 30, 2013  
Secretary of State**

**Entity Name:** CLASSY Q EMBELLISHMENTS, LLC

**Current Principal Place of Business:**

4500 BAYMEADOWS RD.  
APT.133  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

7500 POWERS AVE.  
APT.65  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

P.O. BOX #57024  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 46-0968297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILKES, QUANTIA E  
4500 BAYMEADOWS RD.  
APT.133  
JACKSONVILLE, FL 32217 US

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

WILKES, QUANTIA E  
7500 POWERS AVE.  
APT.65  
JACKSONVILLE, FL 32217 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: QUANTIA WILKES

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILKES, QUANTIA E  
Address: 7500 POWERS AVE. #65  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM  
Name: WARE, TARSHA R  
Address: 7500 POWERS AVE. #65  
City-St-Zip: JACKSONVILLE, FL 32217 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: QUANTIA WILKES

MGRM

09/30/2013

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