

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L99000004584

Entity Name: ITALIAN DESIGN-FUR L.C.

**FILED**  
**Dec 22, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

12550 BISCAYNE BLV # 500  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12550 BISCAYNE BLV # 500  
NORTH MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 65-0935122      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:**

LUPKA, GUSTAVO M  
12550 BISCAYNE BLV # 500  
NORTH MIAMI, FL 33181      US

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

LUPKA, GUSTAVO M  
12550 BISCAYNE BLV  
500  
NORTH MIAMI, FL 33181      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: GUSTAVO M LUPKA

12/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FOTI, HORACIO A  
Address: 1907 N.E. 154TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LUPKA, GUSTAVO M  
Address: 12550 BISCAYNE BLV # 500  
City-St-Zip: NORTH MIAMI, FL 33181

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: GUSTAVO M LUPKA

MGR

12/22/2007

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