

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000003129

**FILED**  
**Oct 30, 2008**  
**Secretary of State**

**Entity Name:** CLUCK DESIGN COLLABORATIVE PLLC

**Current Principal Place of Business:**

2923 SOUTH TRYON ST STE 250  
CHARLOTE, NC 28203

**New Principal Place of Business:**

**Current Mailing Address:**

2923 SOUTH TRYON ST STE 250  
CHARLOTE, NC 28203

**New Mailing Address:**

**FEI Number:** 81-0673744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C T CORPORATION

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KENNEDY, KEVIN  
Address: 2923 SOUTH TRYON ST STE 250  
City-St-Zip: CHARLOTE, NC 28203

Title: MGRM ( ) Delete  
Name: SCORSONE, CHRIS  
Address: 2923 SOUTH TRYON ST STE 250  
City-St-Zip: CHARLOTE, NC 28203

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN KENNEDY

PRES

10/30/2008

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