

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 FEB -8 AM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000082691

1. Entity Name
GRANGER PAINTING LLC

Principal Place of Business 8530 LAKE ATKINSON DR TALLAHASSEE, FL 32310	Mailing Address P O BOX 5191 TALLAHASSEE, FL 32314
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082012 REIN-LLC CR2E101 (12/11)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, JAMES
8530 LAKE ATKINSON DR
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name **Danny Granger**

Street Address (P.O. Box Number is Not Acceptable)
8530 Lake Atkinson Drive

City **Tallahassee** FL Zip Code **32310**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Danny Granger* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM Danny Granger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANGER, JAMES			NAME	Danny Granger		
STREET ADDRESS	P O BOX 5191			STREET ADDRESS	P.O. Box 5191		
CITY- ST- ZIP	TALLAHASSEE, FL 32314			CITY- ST- ZIP	Tallahassee, FL 32314		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

200221049862
02/08/12--01027--019 **\$377.50

REINSTATEMENT 2011-12 SRM

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Danny Granger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS