

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000013319

1. Entity Name
R.H.W. PAINTING AND WALLCOVERING, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 AM 11:20

Principal Place of Business
11882 SW 8TH COURT
FORT LAUDERDALE, FL 33325

Mailing Address
11882 SW 8TH COURT
FORT LAUDERDALE, FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
65-1053921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAICHEK, LAWRENCE A
601 BRICKELL KEY DRIVE, SUITE 505
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
WEST, ROBERT
11882 S.W. 8 COURT
FT. LAUDERDALE, FL 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
WEST, LINDA
11882 S.W. 8 COURT
FT. LAUDERDALE, FL 33025

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500061451505
11/15/05--01078--014 **150.00

TITLE
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REINSTATEMENT 2005

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert H. West Robert H. West 11/9/05 954-920-3924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #