

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000006351

1. Entity Name
PICTURESQUE PAVERS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:09

Principal Place of Business
3635 HENDERSON BLVD
TAMPA, FL 33609

Mailing Address
3635 HENDERSON BLVD
TAMPA, FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
14-1869749

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, LISA M
3635 HENDERSON BLVD
TAMPA, FL 33609

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 Lisa Johnson

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

(NOTE: Registered Agent signature required when reinstating)

10/17/06

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNSON, LISA
3635 HENDERSON BLVD
TAMPA, FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400081114904
10/23/06--01034--004 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNSON, CARL L
3635 HENDERSON BLVD
TAMPA, FL 33609 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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REINSTATEMENT 2006

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/17/06

Date

813-843-9997

Daytime Phone