

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000012422

FILED
Dec 18, 2009
Secretary of State

Entity Name: ARTWELL'S PAINT & LANDSCAPING LLC.

Current Principal Place of Business:

6189 SW 194TH AVE
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6189 SW 194TH AVE
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 77-0600412 **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:

Name and Address of New Registered Agent:

ARTWELL, ANTHONY
6189 SW 194TH AVE
PEMBROKE PINES, FL 33332 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: ANTHONY ARTWELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ANDERSON, DWIGHT
Address: 6189 SW 194TH AVE
City-St-Zip: PEMBROKE PINE, FL 33332

Title: S () Delete
Name: ARTWELL, ANTHONY
Address: 6189 SW 194TH AVE
City-St-Zip: PEMBROKE PINE, FL 33332

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ARTWELL, ANTHONY
Address: 6189 SW 194TH AVE
City-St-Zip: PEMBROKE PINE, FL 33332

Title: S (X) Change () Addition
Name: ANDERSON, DEVON
Address: 6189 SW 194TH AVE
City-St-Zip: PEMBROKE PINE, FL 33332

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: ANTHONY ARTWELL

MR.

12/18/2009

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