

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048091

1. Entity Name
DANIEL E. HOWARD PAINTING, LLC



14 SEP 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
305 1/2 N. GADSDEN ST
TALLAHASSEE, FL 32301

Mailing Address
305 1/2 N. GADSDEN ST
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

2940 Royal Palm Way

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09292014 REIN-LLC CR2E101 (12/11)



City & State
TALL. FL

City & State

4. FEI Number
33-1017986

Applied For
Not Applicable

Zip
32308

Country
Leon

Zip

Country

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

6. Name and Address of Current Registered Agent

HOWARD, DANIEL E
305 1/2 N. GADSDEN ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 \$238.75
After January 1, 2015, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME HOWARD, DANIEL E
STREET ADDRESS 305 1/2 N. GADSDEN ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

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10. ADDITIONS / CHANGES

TITLE MGR
NAME Howard Daniel E
STREET ADDRESS 2940 Royal Palm Way
CITY-ST-ZIP Tallahassee FL 32307

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STREET ADDRESS
CITY-ST-ZIP

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:

Daniel E. Howard

09-27-14

Printman DH@gmail.com

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

E-MAIL ADDRESS

S. HAWKES

SEP 29 A.M.

EXAMINER