

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -2 PM 3:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049455

1. Entity Name
THE PAINTING COMPANY, LLC



Principal Place of Business
2488 20TH AVE NORTH
ST. PETERSBURG, FL 33713

Mailing Address
100 SECOND AVE SOUTH
SUITE 901 S
ST. PETERSBURG, FL 33701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004 REIN-LLC CR2E101 (6/04)

4. FEI Number

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

RABURN, RANDALL C
2488 20TH AVE NORTH
ST. PETERSBURG, FL 33713

Please delete

Name **WAYNE ROACH**

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

2488 20th Ave NORTH

City **St Petersburg**

FL

Zip Code **33713**

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 \$50.00
After January 1, 2005, 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
RAYBURN, RANDALL C
2488 20TH AVE NORTH
ST. PETERSBURG, FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
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11/02/04--01049--003 **50.00

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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:

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

Date

Daytime Phone #

REINSTATEMENT

04