

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT 28 PM 12:06

DOCUMENT # L03000049709



1. Entity Name
ARROW PAINTING LLC

Principal Place of Business
1513 BRANCH ST
TALLAHASSEE, FL 32303

Mailing Address
1513 BRANCH ST
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #
1201 Spotswood Dr.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip 32308 Country Leon

City & State
Zip Country

10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-0442156
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE RD.
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 \$138.75
After January 1, 2009, Fee will be \$277.50

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

TITLE MGRM
NAME DODRILL, JON
STREET ADDRESS 1513 BRANCH ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM
NAME DODRILL, JON
STREET ADDRESS 1201 Spotswood Dr.
CITY-ST-ZIP Tallahassee, FL 32308

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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:

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

10/28/08 321-5023

Date

Daytime Phone #