


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000056042</b>	
1. Entity Name <b>NIC'S PAINTING, LLC</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

11 APR 22 PM 3:46

Principal Place of Business <b>3408 MAHONEY DRIVE TALLAHASSEE, FL 32308</b>	Mailing Address <b>3408 MAHONEY DRIVE TALLAHASSEE, FL 32308</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222011 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country


4. FEI Number <b>59-3043490</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>RAHMING, NICHOLAS 3408 MAHONEY DRIVE TALLAHASSEE, FL 32308</b>	
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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.

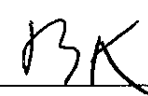
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$377.50</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAHMING, NICHOLAS 3408 MAHONEY DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/25/11--01003--015 \*\*377.50

**REINSTATEMENT 2010-2011**



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** Date Daytime Phone #