


2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000056042		
1. Entity Name NIC'S PAINTING, LLC		

16 OCT 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3408 MAHONEY DRIVE TALLAHASSEE, FL 32308	Mailing Address 3408 MAHONEY DRIVE TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 2910 KERRY LONEST Pkwy Suite, Apt. #, etc. 04-391 City & State TALLAHASSEE, FL Zip 32309 Country FLORIDA	3. Mailing Address 2910 KERRY LONEST Pkwy Suite, Apt. #, etc. 04-391 City & State TALLAHASSEE, FL Zip 32309 Country FLORIDA
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10212016 REIN-LLC CR2E101 (12/11)

4. FEI Number 59-3043490	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RAHMING, NICHOLAS 3408 MAHONEY DRIVE TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	DATE 10/21/16
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FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10.	
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	700291494927 10/21/16--01007--015 **238.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 10/21/16	E-MAIL ADDRESS NICHOLAS.RAHMING@YAHOO.COM
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K. ASHTON