

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06-MAR 27 AM 8:47

**DOCUMENT #** L04000003790

**1. Limited Liability Company's Name**

D & D PAINTING OF VENICE, L.L.C.

**2. Principal Office Address**

1031 Albee Farm Road

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34292

Country

USA

**3. Mailing Office Address**

1031 Albee Farm Road

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34292

Country

USA

CR2E041 (8/05)

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

01/14/2004

**6. FEI Number**

45-0531664

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☒**

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

DAVID A. TALKOVIC

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

1031 Albee Farm Road

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*David A. Talkovic*

Date 3/21/06

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVID A. TALKOVIC	1031 Albee Farm Road	Venice, FL 34292
			400069950844 04/10/06--01052--025 **205.00
			REINSTATEMENT 05-06

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of  
Managing Member/Manager

*David A. Talkovic*

Date 3/21/06

Daytime Phone#

941-484-2201

Typed or printed name of signing Managing Member/Manager

DAVID A. TALKOVIC