

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000004327

FILED
Feb 11, 2009
Secretary of State

Entity Name: OCTAVIO'S PAINTING, LLC

Current Principal Place of Business:

7901 BAYMEADOWS CR. EAST
394
JACKSONVILLE, FL 32256

New Principal Place of Business:

11157 COLDFIELD DRIVE
JACKSONVILLE, FL 32246

Current Mailing Address:

7901 BAYMEADOWS CR. EAST
394
JACKSONVILLE, FL 32256

New Mailing Address:

11157 COLDFIELD DRIVE
JACKSONVILLE, FL 32246

FEI Number: 73-1691559 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, OCTAVIO
7901 BAYMEADOWS CR. EAST
394
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GARCIA, OCTAVIO
11157 COLDFIELD DRIVE
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: OCTAVIO GARCIA

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, OCTAVIO
Address: 7901 BAYMEADOWS CR. EAST, APT. 394
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, OCTAVIO
Address: 11157 COLDFIELD DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OCTAVIO GARCIA

MGR

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date