

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000004496

FILED
Nov 06, 2006
Secretary of State

Entity Name: MICHAEL BARKER PAINTING L.L.C.

Current Principal Place of Business:

2001 NW 6TH STREET
APT 2
GAINESVILLE, FL 32609 US

New Principal Place of Business:

1822 NW 10TH STREET
GAINESVILLE, FL 32609 US

Current Mailing Address:

2001 NW 6TH STREET
APT 2
GAINESVILLE, FL 32609 US

New Mailing Address:

1822 NW 10TH STREET
GAINESVILLE, FL 32609 US

FEI Number: 13-4271796 **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:

BARKER, MICHAEL
2001 NW 6TH STREET
APT 2
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

BARKER, MICHAEL
1822 NW 10TH STREET
GAINESVILLE, FL 32609 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: MICHAEL BARKER

11/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARKER, MICHAEL
Address: 2001 NW 6TH STREET APT 2
City-St-Zip: GAINESVILLE, FL 32609 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARKER, MICHAEL
Address: 1822 NW 10TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL BARKER

MRG

11/06/2006

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