

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 8:56

DOCUMENT # **104000010193**

1. Entity Name

BOCA RATON PAINTING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2030 BETHEL BLVD.

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number
55-0857250

Applied For

Not Applicable

Zip
33486

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL SHEGOTA

Street Address (P.O. Box Number is Not Acceptable)
2030 BETHEL BLVD.

City
BOCA RATON

FL

Zip Code
33486

**DO NOT WRITE
IN THIS SPACE**

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

MICHAEL SHEGOTA

9/1/2005

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MICHAEL SHEGOTA
2030 BETHEL BLVD.
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800059824858
09/21/05-01098-003 **50.00**

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REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MICHAEL SHEGOTA

9/1/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #