2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000010356** 

## SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name 06 OCT 23 AM 10: 09 **CUSTOM PAINT DESIGNS LLC** Principal Place of Business Mailing Address 9940 F WATERMILL CIRCLE 9940 F WATERMILL CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address 1607 BackwaTER dr. Buite, Apt. #, etc. Suite, Apt. #, etc 10162006 **REIN-LLC** CR2E101 (11/05) Applied For City & State 4. FEI Number 63-0889525 Not Applicable Zip Country \$5.00 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIUSA, CHARLÉS A 9940 F WATERMILL CIRCLE Box Number is Not Accel table) BOYNTON BEACH, FL 33437 ed agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registe Make check payable to FILE NOW!!! FEE IS \$150.00 Florida Department of State After January 1, 2007, Fee will be \$200.00 Chius A Charlepoitions/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Change Addition TITLE ☐ Delete TITLE CHIUSA, CHARLES A NAME NAME 9940 F WATERMILL CIRCLE middlesurg-A-32068 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME 100081116341 10/23/06--01037--012 \*\*59 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIE TITLE ☐ Delete ☐ Addition RETAILEMENT 2006 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

10-19-06

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CUSTOM PAINT DESIGNS LLC
1607 BACK WATER DRIVE
MIDDLEBURG FL 32068

Is whom This may Concern, and Charles a Chairs of Custom Paint designs didnot recieve, Leter of Reinstatement Oidnot Recieve, Leter of Reinstatement Because we moved from Boyton Be fl.

Do middle Burg FL. Some How Cast in The

Mail, Please the instate me, Enclosed

is a Check for 55 including State States Thank you very much Charles a Chuisa Custom PAINT DESIGNS