

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000010501

1. Entity Name
HUDSON PAINTING LLC



FILED

06 FEB -6 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1328 NYLIC STREET #2
TALLAHASSEE, FL 32304

Mailing Address
1328 NYLIC STREET #2
TALLAHASSEE, FL 32304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02062006 REIN-LLC CR2E101 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, ANGELA
1328 NYLIC STREET #2
TALLAHASSEE, FL 32304

Angela Hudson
Street Address (P.O. Box Number is Not Acceptable)
~~1328 NYLIC STREET #2~~ 3415 Cornelia St
Tallahassee, FL 32305
City FL Zip Code

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

Angela Hudson
(NOTE: Registered Agent signature required when reinstating)

2-6-06
DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HUDSON, MICKEL D
STREET ADDRESS 1328 NYLIC STREET #2
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE MGRM
NAME ~~HUDSON, MICKEL D~~
STREET ADDRESS ~~1328 NYLIC STREET #2~~ 3415 Cornelia St
CITY-ST-ZIP Tallahassee FL 32305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature]

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

2608

322-8301

Date

Daytime Phone #

REINSTATEMENT

05-06

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02/13/06--01026--009 **100.00