

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000010918

Entity Name: DIMKO PAINTING, LLC

FILED  
Oct 19, 2006  
Secretary of State

**Current Principal Place of Business:**

3857 MAGARATERRACE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

5890 BENEVENTO DR  
SARASOTA, FL 34238

**Current Mailing Address:**

1220 ACADIA ROAD  
VENICE, FL 34293

**New Mailing Address:**

5890 BENEVENTO DR  
SARASOTA, FL 34238

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MELNICHENKO, DIMITRY  
1220 ACADIA ROAD  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

MELNICHENKO, DIMITRY  
5890 BENEVENTO DR  
SARASOTA, FL 34238 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: DIMITRY MELNICHENKO

10/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MELNICHENKO, DIMITRY  
Address: 3857 MAGARA TERRACE  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MELNICHENKO, DIMITRY  
Address: 5890 BENEVENTO DR  
City-St-Zip: SARASOTA, FL 34238

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: DIMITRY MELNICHENKO

MGRM

10/19/2006

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