

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

68 DEC -1 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11262008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000015481 1. Entity Name K B PAINTING SERVICES, LLC					
Principal Place of Business 830 VISCAYA BLVD ST. AUGUSTINE, FL 32086			Mailing Address 830 VISCAYA BLVD ST. AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # 2652 Isabella Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2652 Isabella Ave <small>Suite, Apt. #, etc.</small>			
City & State St. Augustine F.		City & State St. Augustine FL		4. FEI Number 20-0885623	
Zip 32086		County St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOCKHEIM, KARL 830 VISCAYA BLVD ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BOCKHEIM, KARL 830 VISCAYA BLVD ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 100132367381 12/02/08--01012--007 **\$138.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT </div> <div style="font-size: 4em; opacity: 0.5;">08</div> </div>					
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:			12-01-08 904-3775487		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		