

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037502

Entity Name: J & R PAINTING, LLC

FILED  
Mar 01, 2006  
Secretary of State

**Current Principal Place of Business:**

9725 RESOTA BEACH RD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8455  
SOUTHPORT, FL 32409

**New Mailing Address:**

FEI Number: 02-0721788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARE, JOHN W  
9725 RESOTA BEACH RD  
SOUTHPORT, FL 32409 US

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

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: JOHN WESLEY WARE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WARE, JOHN W  
Address: PO BOX 8455  
City-St-Zip: SOUTHPORT, FL 32409

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MINOR, DANIEL L  
Address: 2717 E. 6TH COURT  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM ( ) Change (X) Addition  
Name: HONER, WILLIAM L  
Address: 1836 N. EAST AVE., LOT 60  
City-St-Zip: PANAMA CITY, FL 32405 US

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: JOHN WESLEY WARE

MGRM

03/01/2006

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