

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000038858

**FILED**  
**Jul 17, 2006**  
**Secretary of State**

**Entity Name:** CURT'S CUSTOM PAINTING, LLC

**Current Principal Place of Business:**

4964 TAN STREET  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

4964 TAN STREET  
JACKSONVILLE, FL 32258 US

**Current Mailing Address:**

4964 TAN STREET  
JACKSONVILLE, FL 32258

**New Mailing Address:**

4964 TAN STREET  
JACKSONVILLE, FL 32258 US

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

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

WALLACE, CURT  
4964 TAN STREET  
JACKSONVILLE, FL 32258 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: CURT WALLACE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLACE, CURT  
Address: 4964 TAN STREET  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALLACE, CURT  
Address: 4964 TAN STREET  
City-St-Zip: JACKSONVILLE, FL 32258 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: CURT WALLACE

MGRM

07/17/2006

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