

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000048740

**FILED**  
**Dec 24, 2009**  
**Secretary of State**

**Entity Name:** ANTONIO'S PAINTING SERVICE "LLC"

**Current Principal Place of Business:**

707 LAKE JESSIE DR  
14  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

11 WALTON WAY  
AUBURNDALE, FL 33823

**Current Mailing Address:**

707 LAKE JESSIE DR  
14  
WINTER HAVEN, FL 33881

**New Mailing Address:**

11 WALTON WAY  
AUBURNDALE, FL 33823

**FEI Number:** 20-1071468      **FEI Number Applied For ( )**      **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:**

ORTIZ, NOLA M  
3138 HARMON LANE  
WINTER HAVEN, FL 33880      US

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

ORTIZ, NOLA M  
11 WALTON WAY  
AUBURNDALE, FL 33823      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: NOLA ORTIZ

12/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ORTIZ, ANTONIO F  
Address: 707 LAKE JESSIE DR #14  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: NOLA ORTIZ

MGR

12/24/2009

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