

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000049620	
1. Entity Name BRIAN HENNESSY PAINTING, LLC	



FILED

06 APR 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3208B GINGER DRIVE TALLAHASSEE, FL 32308	Mailing Address 3208B GINGER DRIVE TALLAHASSEE, FL 32308
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2. Principal Place of Business <i>HOME</i>	3. Mailing Address <i>2891 Royal Palm Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TALLAHASSEE, FL</i>	City & State <i>TALL. FL</i>
Zip <i>32309</i>	Zip <i>32309</i>
Country <i>USA</i>	Country <i>USA</i>

04242006 REIN-LLC CR2E101 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SANFORD, PAUL P 106 SOUTH MONROE STREET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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FILE NOW!!! FEE IS \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENNESSY, BRIAN J 3208B GINGER DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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05/02/06--01044--030 **100.00

REINSTATEMENT 2005-2006

RB

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: <i>[Signature]</i>	Date: <i>4.24.06</i>	Daytime Phone #
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