

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000050493

1. Entity Name  
CLARENCE PARRIS PAINTING, LLC



**FILED**

06 AUG. 16 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
302 THOMAS ROAD  
AUCILLA, FL 32344 US

Mailing Address  
302 THOMAS ROAD  
AUCILLA, FL 32344 US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

08162006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRIS, CLARENCE  
302 THOMAS ROAD  
AUCILLA, FL 32344

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 Clarence Parris 8-16-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PARRIS, CLARENCE  
STREET ADDRESS 302 THOMAS ROAD  
CITY-ST-ZIP AUCILLA, FL 32344

10. ADDITIONS/CHANGES

TITLE Ryan Paster ☐ Change ☒ Addition  
NAME 1500 TWIN LAKES CIR  
STREET ADDRESS TALLAHASSEE, FL 32311  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100078989001  
STREET ADDRESS 08/22/06--01022--002 \*\*100.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Clarence Parris 8-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #