

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000057281

1. Entity Name  
BUILDING PAINTING UNLIMITED LLC



**FILED**

07 JAN 19 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2560 RAINEY ALLEN RD  
TALLAHASSEE, FL 32310  
*9287 ELGIN Rd.*

Mailing Address  
P.O. BOX 2493  
TALLAHASSEE, FL 32316-2493  
*P.O. Box 601*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*WOODVILLE*

City & State

*WOODVILLE*

Zip

*32362*

Country

*LEON.*

Zip

*32362*

Country

*LEON.*

01192007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

06-1730623

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, JANICE E  
2560 RAINEY ALLEN RD  
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name *Richard G. Mozeko.*

Street Address (P.O. Box Number is Not Acceptable)

*9287 ELGIN Rd.*

City

*woodville*

FL

Zip Code

*32362*

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

*Richard G. Mozeko*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-19-07*

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROWLAND, JANICE E  
P.O. BOX 2493  
TALLAHASSEE, FL 323162493 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MOZEKO, RICHARD G  
P.O. BOX 2493  
TALLAHASSEE, FL 323162493 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT** ☐ Delete  
*2006-2007*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*MGRM*  
*Geoffrey L. Burnham*  
*8842 Flicker Rd*  
*Tall FL 32305* ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500086236915**  
**01/25/07--01042--024 \*\*105.00** ☐ Change ☐ Addition

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

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

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

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

*Richard G. Mozeko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1-19-07*