

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057545

FILED
Jul 17, 2008
Secretary of State

Entity Name: GOLD COAST PAINTING, LLC

Current Principal Place of Business:

14106 NE 34TH DRIVE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

748 TURKEY CREEK
ALACHUA, FL 32615 US

Current Mailing Address:

14106 NE 34TH DRIVE
GAINESVILLE, FL 32609 US

New Mailing Address:

748 TURKEY CREEK
ALACHUA, FL 32615 US

FEI Number: 86-1113766 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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: H. CRAIG BROCK

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROCK, HAROLD C
Address: 14106 NE 34TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MGR () Delete
Name: PENNELL, JEFFREY C
Address: 7117 SW ARCHER RD. #2423
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES:

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

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: H. CRAIG BROCK

MGR

07/17/2008

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