2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# L04000058121

Entity Name: HECTOR & MABEL PAINTING & CLEANING SERVICES LLC

Current Principal Place of Business:

1444 SHIRE CT
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

1444 SHIRE CT
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 34-2008720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSORIO, HECTOR
1444 SHIRE CT
JACKSONVILLE, FL 32218 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: HECTOR OSORIO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: OSORIO, HECTOR
Address: 1444 SHIRE CT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete
Name: OSORIO, MABEL
Address: 1444 SHIRE CT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGM ( ) Delete
Name: GAITAN, OMAR
Address: 900 PLAZA DRIVE, APT 116
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

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

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

Title: MGM (X) Change ( ) Addition
Name: CARLOS, GAITAN
Address: 900 PLAZA DRIVE, APT 116
City-St-Zip: ATLANTIC BEACH, FL 32233

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: HECTOR OSORIO MGR 10/08/2008

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