

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 039 \*\*\*\*50.00

DOCUMENT # **L04000065369**



1. Entity Name

**Brushin & Beyond Professional  
Painting LLC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1321 Fuller Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**1321 Fuller Rd**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee FL.**

City & State

**Tallahassee FL.**

4. FEI Number

**593-64-0837**

Applied For

Not Applicable

Zip

**32303**

Country

**U.S.A.**

Zip

**32303**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Darin Reynolds**

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

**1321 Fuller Rd.**

City

**Tallahassee**

FL

Zip Code

**32303**

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:

*[Signature]*

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGARM  
Darin Reynolds**

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

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

**4-28-05**

Date

Daytime Phone #

CR2E083B (12/02)