## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

## SECRETARY OF STATE DOCUMENT # L04000075856 DIVISION OF CORPORATION KENNETH WRIGHT PAINTING CONTRACTORS LLC 10 NOV 12 AM 10: 33 Principal Place of Business Mailing Address 5017 WITHERS HILL ROAD 5017 WITHERS HILL ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 11122010 **REIN-LLC** CR2E101 (1/07) City & State Applied For City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, KENNETH Street Address (P.O. Box Number is Not Acceptable) 5017 WITHERS HILL ROAD TALLAHASSEE, FL 32312 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 DATE Make check payable to FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition WRIGHT, KENNETH NAME NAME STREET ADDRESS 5017 WITHERS HILL ROAD STREET ADORESS CITY-ST-7IP TALLAHASSEE, FL 32312 CITY - ST - ZIP TITI F ☐ Delete TITLE Change 200187690812 11/12/10--01009--016 \*\*23 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE Change ■ Addition NAME ISTATEMENT NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEN ANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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