

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000015779

Entity Name: PAINTERS M.D. LLC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

5564 GREAT PINE LANE SOUTH
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5564 GREAT PINE LANE SOUTH
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-2349649 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:

LEAVINS, MARY ANN
5564 GREAT PINE LANE SOUTH
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC.
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

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: DEVIN NEWMAN- ASSISTANT SECRETARY

02/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEAVINS, MARY ANN
Address: 5564 GREAT PINE LAND SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: MCQUAY, DENNIS R
Address: 5564 GREAT PINE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

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 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: MARY ANN LEAVINS

MGRM

02/09/2007

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