

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000016475

1. Entity Name
SERIOUS PAINTING LLC



FILED

09 AUG 17 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
709 E. LAFAYETTE STREET
TALLAHASSEE, FL 32301

Mailing Address
709 E. LAFAYETTE STREET
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-4576979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333

Name **PARKER KNAPP**
Street Address (P.O. Box Number is Not Acceptable)
709 E. LAFAYETTE ST.

City **TALLAHASSEE** FL Zip Code **32301**

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]*

(NOTE: Registered Agent signature required when reinstating)

8/17/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KNAPP, PARKER
STREET ADDRESS 1620 N. M.L.K. JR BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☒ Change ☐ Addition
NAME **KNAPP, PARKER**
STREET ADDRESS **709 E. LAFAYETTE ST.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32301**

TITLE MGRM ☒ Delete
NAME BEVIS, MALLORY
STREET ADDRESS 709 E. LAFAYETTE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME TOWNSEND, DAVID
STREET ADDRESS 709 E. LAFAYETTE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME BUFKIN, PHILLIP
STREET ADDRESS 709 E. LAFAYETTE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *[Signature]*

PARKER KNAPP

8/17/09

850 425 1199

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

Date

Daytime Phone #

REINSTATEMENT

[Handwritten signature]