


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000022963	
1. Entity Name JACK'S PAINTING AND PRESSURE CLEANING LLC	

Principal Place of Business CASTLE CIR ALFORD, FL 32420 US	Mailing Address CASTLE CIR ALFORD, FL 32420 US
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2. Principal Place of Business - No P.O. Box # 915 Castle Cir	3. Mailing Address 915 Castle Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Alford, FL	City & State Alford, FL
Zip 32420	Zip 32420
Country	Country

04232009 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BRAINERD, JACK 915 CASTLE CIR ALFORD, FL 32420
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <u>X Jack K Brainerd</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/23/9</u>
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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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAINERD, JACK 915 CASTLE CIR ALFORD, FL 32420 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400152145354 04/24/09--01001--003 **\$277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>X Jack K Brainerd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: <u>4/23/9</u> Daytime Phone #

**FILED**  
09 APR 23 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

2008-09

**EXAMINER**  
APR 23 2009  
**S. HAWKES**