

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L05000024572

1. Entity Name
JEFF THOMAS PAINTING, LLC



2007 APR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1419 NW JEFF GLEN
WHITE SPRINGS, FL 32096 US

Mailing Address
1419 NW JEFF GLEN
WHITE SPRINGS, FL 32096 US



03122007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
149 N.W. Jeff Glen
Suite, Apt. #, etc.

3. Mailing Address
149 N.W. Jeff Glen
Suite, Apt. #, etc.

City & State
White Springs, FL
Zip
32096
Country
US

City & State
White Springs, FL
Zip
32096
Country
US

4. FEI Number
20-2577294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, JEFFREY S
1419 NW JEFF GLEN
WHITE SPRINGS, FL 32096

7. Name and Address of New Registered Agent

Name
Thomas, Jeffrey S.
Street Address (P.O. Box Number is Not Acceptable)
149 N.W. Jeff Glen
City
White Springs FL Zip Code
32096

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 Jeffery Thomas 3/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMAS, JEFFREY S
1419 JEFF GLEN
WHITE SPRINGS, FL 32096 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Thomas, Jeffrey S.
149 N.W. Jeff Glen
White Springs, FL 32096 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300096485253
04/11/07--01027--017 **105.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 06-07 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Jeffery Thomas 3/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #