2006 PLEASE READ ALL INSTRUCTIONS BEFORE COM

**FILED**
**Mar 03, 2006 8:00 am**
**Secretary of State**
03-03-2006 90001 003 ****50.00

20012353

**LIMITED LIABILITY COMPANY**
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L05000029634

1. Limited Liability Company's Name
QUALITY ONE PAINTING, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1613 WHARF Rd. | 1613 WHARF Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| SARASOTA, FL. | SARASOTA, FL. |
| Zip: 34231 Country: USA | Zip: 34231 Country: USA |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 3-25-05

6. FEI Number: 83-0425235 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JAY F. LORENZ

Street Address (P.O. Box Number Is Not Acceptable): 1613 WHARF Rd.

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34231

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jay F. Lorenz Date: 1-31-06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | JAY F. LORENZ | 1613 WHARF Rd. | SARASOTA, FL. 34231 |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Jay F. Lorenz Date: 1-31-06 Daytime Phone # 941-966-3972

Typed or printed name of signing Managing Member/Manager: _____