

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036446

1. Entity Name
FOX PAINTING LLC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

Principal Place of Business
6031 SUMMER LAKE DRIVE
309
DAVIE, FL 33314

Mailing Address
6031 SUMMER LAKE DRIVE
309
DAVIE, FL 33314

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

717 NW 70th Way

Suite, Apt. #, etc.

3. Mailing Address

717 NW 70th Way

Suite, Apt. #, etc.



01232007 REIN-LLC CR2E101 (1/07)

City & State

Margate, FL

Zip
33063

Country
USA

City & State

Margate, FL

Zip
33063

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DLR ACCOUNTING CORP.
6336 GRANT STREET
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

T. Sierra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/07

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 P
NAME SIERRA, TIFFANY
STREET ADDRESS 717 NW 70TH WAY
CITY-ST-ZIP MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE VP
NAME SIERRA, JAVIER
STREET ADDRESS 717 NW 70TH WAY
CITY-ST-ZIP MARGATE, FL 33063 ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: T. Sierra

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

1/22/07 954-709-8430

Date

Daytime Phone #