

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000050852

Entity Name: PORTER PAINTING LLC

**FILED**  
**Jun 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3295 CRAWFORDVILLE HWY.  
SUITE #3  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

25 WOODLAND DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

PO BOX 1845  
CRAWFORDVILLE, FL 323261845

**New Mailing Address:**

25 WOODLAND DRIVE  
CRAWFORDVILLE, FL 32327

FEI Number: 71-1007913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PORTER, HOLLY  
3295 CRAWFORDVILLE HWY.  
SUITE #3  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

PORTER, HOLLY  
25 WOODLAND DRIVE  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: HOLLY PORTER

06/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORTER, HOLLY  
Address: PO BOX 1845  
City-St-Zip: CRAWFORDVILLE, FL 323261845

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PORTER, HOLLY  
Address: 25 WOODLAND DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HOLLY PORTER

MGRM

06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date