

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000072144

1. Entity Name
BIG DIESEL PAINTING L.L.C.



Principal Place of Business
1057 OCALA RD.
TALLAHASSEE, FL 32304

Mailing Address
2111 CONTINENTAL AVE
TALLAHASSEE, FL 32304

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10012010 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-4444908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARMON, EMORY
1057 OCALA RD
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2011, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HARMON, EMORY
STREET ADDRESS 1057 OCALA RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☐ Delete
NAME JORDAN, JANICE
STREET ADDRESS 120 S. 57TH ST.
CITY-ST-ZIP PHILADELPHIA, PA 15189

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

TITLE MGRM ☐ Delete
NAME HARRIS, JASMINE
STREET ADDRESS 9022 RIVER PINE DR
CITY-ST-ZIP CORDOVA, TN 38016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

FILED

10 OCT -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2010

L. SELLERS

OCT -1 2010

EXAMINER

10/1/10