# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Nov 06, 2009**
**Secretary of State**

DOCUMENT# L05000095631

**Entity Name:** CANNON PAINTING, LLC

**Current Principal Place of Business:**

235 SW AINSLEY GLN
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

235 SW AINSLEY GLN
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number: 06-1758535** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**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:**

CANNON, BRIAN P
235 SW AINSLEY GLN
LAKE CITY, FL 32024 US

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

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: BRIAN CANNON

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CANNON, BRIAN P
Address: 235 SW AINSLEY GLN
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete
Name: LACEY, CLIFFORD T
Address: 235 SW AINSLEY GLN
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES:**

Title: PREZ (X) Change ( ) Addition
Name: CANNON, BRIAN P
Address: 235 SW AINSLEY GLN
City-St-Zip: LAKE CITY, FL 32024

Title: VP (X) Change ( ) Addition
Name: SHAHEEN, TIMOTHY M MGRM
Address: 235 SW AINSLEY GLN
City-St-Zip: LAKE CITY, FL 32024

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: BRIAN CANNON MGMR 11/06/2009

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