

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000112382	
1. Entity Name R AND B PAINTING LLC	



Principal Place of Business 4273 IDA COON CIRCLE NICEVILLE, FL 32578	Mailing Address 4273 IDA COON CIRCLE NICEVILLE, FL 32578
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2. Principal Place of Business - No P.O. Box # 4237 IDA COON CIRCLE	3. Mailing Address 4237 IDA COON CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NICEVILLE FL	City & State NICEVILLE, FL
Zip 32578	Zip 32578
Country OKALOOSA	Country OKALOOSA

4. FEJ Number 203816992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, BARBARA 4237 IDA COON CIRCLE NICEVILLE, FL 32578	
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: Barbara S. Ellis DATE: 03-14-07

(NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIS, BARBARA 4237 IDA COON CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300095221593 03/29/07--01026--007 **100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOTT, JEFFERY 4237 IDA COON CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara S. Ellis DATE: 03-14-07 DAYTIME PHONE: 865-0070

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