

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000002598 1. Entity Name HASSFURDER PAINTING LLC			
Principal Place of Business 524 MARCY'S LANE TALLAHASSEE, FL 32305		Mailing Address 524 MARCY'S LANE TALLAHASSEE, FL 32305	
2. Principal Place of Business - No P.O. Box # <i>1111 S. Magnolia Dr</i>		3. Mailing Address <i>1111 S. Magnolia Dr</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Quincy FL		City & State Quincy FL	
Zip 32351		Zip 32351	
Country USA		Country USA	
4. FEI Number 51-0563244		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HASSFURDER, GREG 524 MARCY'S LANE TALLAHASSEE, FL 32305		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>[Signature]</i> 1-29-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSFURDER, STEVEN 524 MARCY'S LANE TALLAHASSEE, FL 32305	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center;"> 000116457700 01/30/08--01032--016 **282.50 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASSFURDER, GREG 524 MARCY'S LANE TALLAHASSEE, FL 32305	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>1-29-08</i> / Daytime Phone # <i>850-766-0989</i>	

FILED

08 JAN 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292008 REIN-LLC CR2E101 (1/07)

4. FEI Number **51-0563244** Applied For ☒ Not Applicable

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

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10. ADDITIONS/CHANGES

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SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date *1-29-08* / Daytime Phone # *850-766-0989*