

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 MAY -4 AM 10:41

900234665289
05/04/12-01012-002



DOCUMENT # L06000016040 1. Entity Name DAVID BASS PAINTING LLC					
Principal Place of Business 22412 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310			Mailing Address 22412 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310		
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	4. FEI Number 76-0817480	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASS, DAVID A 22412 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900234665289 05/04/12-01012-002	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOSES, ROY L 3031 LUTHER HALL TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
REINSTATEMENT 2011, 2012			Change 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.			Change Addition		
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
E-MAIL ADDRESS					

L. Hampton MAY -4 2012