

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000017222

FILED
Jun 19, 2008
Secretary of State

Entity Name: MILLS PAINTING, LLC

Current Principal Place of Business:

9126 TUDOR DRIVE, #203
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

400 FRANDORSON CIRCLE, SUITE 103
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD.
STE. A
DELTONA, FL 32725 US

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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC.

06/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLS, SCOTT
Address: 9126 TUDOR DRIVE, #203
City-St-Zip: TAMPA, FL 33615

Title: ST (X) Delete
Name: MILLS, SCOTT
Address: 9126 TUDOR DRIVE, #203
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINA CLARK FOR SCOTT MILLS

MGR

06/19/2008

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