

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019572

FILED
Sep 08, 2009
Secretary of State

Entity Name: WAGNER PAINTING AND RESTORATIONS L.L.C.

Current Principal Place of Business:

6900 BAY DRIVE APT. 8A
MIAMI BEACH, FL 33141

New Principal Place of Business:

6619 SOUTH DIXIE HIGHWAY, #156
MIAMI, FL 33143

Current Mailing Address:

6900 BAY DRIVE APT. 8A
MIAMI BEACH, FL 33141

New Mailing Address:

6619 SOUTH DIXIE HIGHWAY, #156
MIAMI, FL 33143

FEI Number: 02-0769479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WAGNER, JASON B
2395 SW 28TH STREET
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

WAGNER, JASON B
6619 SOUTH DIXIE HIGHWAY, #156
MIAMI, FL 33143 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: JASON B WAGNER

09/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAGNER, JASON B
Address: 2395 SW 28TH STREET
City-St-Zip: COCONUT BEACH, FL 33133

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WAGNER, JASON B
Address: 6619 SOUTH DIXIE HIGHWAY, #156
City-St-Zip: MIAMI, FL 33143

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: JASON B WAGNER

PRES

09/08/2009

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