


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

# FILED

**08 DEC 31 PM 2:56**


**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # L06000023146</b> 1. Entity Name DONALD TILLEY PAINTING LLC	
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Principal Place of Business 2636 MISSION RD., #129 TALLAHASSEE, FL 32304	Mailing Address 2636 MISSION RD., #129 TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State  Zip	City & State  Zip	4. FEI Number <b>26-4458839</b>
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10272008 REIN-LLC CR2E101 (1/07)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  TILLEY, DONALD 2636 MISSION RD., #129 TALLAHASSEE, FL 32304	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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: Donald Tilley 12-31-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete TILLEY, DONALD 2636 MISSION RD., #129 TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200139408772</b> 01/05/09--01002--005 **138.75
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
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: Donald Tilley 12-31-08 850-556-3571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #