

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000030824

**FILED**  
**Nov 02, 2009**  
**Secretary of State**

**Entity Name:** GEORGE JAY JONES PAINTING, LLC

**Current Principal Place of Business:**

7533 RANCHERO ST.  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

1525 OLD VINELAND ROAD  
KISSIMMEE, FL 34746 US

**Current Mailing Address:**

7533 RANCHERO ST.  
ORLANDO, FL 32822 US

**New Mailing Address:**

1525 OLD VINELAND ROAD  
KISSIMMEE, FL 34746 US

**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:**

JONES, GEORGE J  
7533 RANCHERO ST.  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

JONES, GEORGE J  
1525 OLD VINELAND ROAD.  
KISSIMMEE, FL 34746 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: GEORGE JONES

11/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, GEORGE J  
Address: 7533 RANCHERO ST.  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, GEORGE J  
Address: 1525 OLD VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

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: GEORGE JONES

MR

11/02/2009

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