

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000043703

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** A.F. PAINTING AND RESTORATION, LLC

**Current Principal Place of Business:**

14015 ISLAND BAY DRIVE  
202  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

14015 ISLAND BAY DRIVE  
202  
ORLANDO, FL 32828

**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:**

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

FACCHINEI, ALDO G  
14015 ISLAND BAY DRIVE  
202  
ORLANDO, FL 32828 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: ALDO FACCHINEI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: FACCHINEI, ALDO G  
Address: 14015 ISLAND BAY DRIVE #202  
City-St-Zip: ORLANDO, FL 32828

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: ALDO FACCHINEI

MGRM

10/08/2007

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