

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000044923

Entity Name: TKO PAINTING LLC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

11565 NE 144TH PLACE
FT MCCOY, FL 32134

New Principal Place of Business:

2920 NE 163RD LANE
CITRA, FL 32113

Current Mailing Address:

PO BOX 152
FT MCCOY, FL 32134

New Mailing Address:

2920 NE 163RD LANE
CITRA, FL 32113

FEI Number: 20-4785921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, KEITH A
11565 NE 144TH PLACE
FT MCCOY, FL 32134 US

Name and Address of New Registered Agent:

ROSE, KEITH A
2920 NE 163RD LANE
CITRA, FL 32113 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: KEITH A ROSE

05/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE, KEITH A
Address: 11565 NE 144TH PLACE
City-St-Zip: FT MCCOY, FL 32134

Title: MGRM () Delete
Name: TENNANT, DEBBIE K
Address: 11565 NE 144TH PLACE
City-St-Zip: FT MCCOY, FL 32134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSE, KEITH A
Address: 2920 NE 163RD LANE
City-St-Zip: CITRA, FL 32113

Title: MGRM (X) Change () Addition
Name: TENNANT, DEBBIE K
Address: 2920 NE 163RD LANE
City-St-Zip: CITRA, FL 32113

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: KEITH A ROSE

MGR

05/09/2008

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