2008 LIMITED LIABILITY COMPANY

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DOCUMENT # L06000061850 ' "				200			
1. Entity Nam	10						
LMF PAINTING/CARPENTRY LLC						LED	
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•	e of Business CEAN CIDELE	Mailing Address	<u>-</u>	j	00169-	· 1 PM 3: 40	
1947 MID-OCEAN CIRCLE 1947 MID-OCEAN CIRCLE Sarasota, Fl 34239 US Sarasota, Fl 34239		US	1	SECRETA	ARY OF STATE		
		•			IALLAHA	SSEE ELORIDA	
2 Principal C	Ness of Rusiness - No. 2 O. 2 ov #	2 Mailing Address					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7132 40 th LANE EAST 7132 40 th LANE			East]	LEELILUU OUI CEULA CIUU CEULI EEUL	I GENY BENIS ON ON CHEEL IEITH ENVILOR	
Suite, Apt. #, etc. Suite, Apt. #, etc.				012	22008 REIN-LLC	CR2E101 (1/07)	
SARASOTA, FL		SARASOTA, FL					
City & State		City & State			4. FEI Number \$5.# \$ Applied For 71-100 9 0 66 278-58-4997 Not Applicable		
Zip Country		Zip Country				\$5.00 · ·	
342		34243	USA	5. C	ertificate of Status Desire	d 12 33.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of Ne	w Registered Agent	
FIELDS, MIKE				Name Mike Fields (LADGress CHANGE ONLY)			
	OCEAN CIRCLE		Street A	Street Address (P.O. Box Number is Not Acceptable)			
SARASOT	A, FL 34239		<u> </u>	- Italy / and - b			
			City	7132 40th LANCELST			
				SARASOTA FL Zip Code 34243			
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 obligat	tions of registered agent.		.0 11 2		-		
SIGNATURE Jaurence M Fulls Churence M. Fielps. JAN 23.08 Signature, typod or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when retrissating) DATE							
SIGNATURE .	Signature, typed or printed name of registered agent		Registered Agent sign:	dure required when I	okratating)	DATE	
SIGNATURE	Signature, typed or printed marie of registered agent		Registered Agent signs	dure required when i	elinstating)	DATE	
	Signature, typod or printed name of registered agent in the company of the compan	and title if applicable. (NOTE:	607.193(2)(b),	F.S., the limite	d N	lake check payable to	
	Signature, typed or printed righte of registered agent	and title if applicable. (NOTE:	607.193(2)(b),	F.S., the limite	d N		•
	Signature, typed or printed nitre of registered agent in the second seco	In accordance with s. liability company did r	607.193(2)(b),	F.S., the limite	d N	lake check payable to	•
FIL 9. TITLE	Signature, typed or printed rithre of registered agent in the common service of the comm	In accordance with s. liability company did r	607.193(2)(b), not receive the p	F.S., the limite prior notice.	d N	lake check payable to rida Department of State	e Addition
FIL. 9. TITLE NAME	E NOWILI FEE IS \$277.50 MANAGING MEMBE MGRM FIELDS, MIKE	In accordance with s. liability company did r	607.193(2)(b), not receive the p	F.S., the limite prior notice.	ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION	Make check payable to rida Department of State NS/CHANGES Change	····
FIL 9. TITLE	E NOWIN FEE IS \$277.50 MANAGING MEMBE MGRM FIELDS, MIKE 1947 MID-OCEAN CIRCLE	In accordance with s. liability company did r	607.193(2)(b), not receive the p	F.S., the limite prior notice.	ADDITION ADD	Make check payable to rida Department of Statuns/CHANGES	····
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Janu M Frehr Churence M. Frelas CICHATURE.

JM 23,08

^{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.