

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000061850

1. Entity Name  
LMF PAINTING/CARPENTRY LLC



Principal Place of Business  
1947 MID-OCEAN CIRCLE  
SARASOTA, FL 34239 US

Mailing Address  
1947 MID-OCEAN CIRCLE  
SARASOTA, FL 34239 US

FILED

08 FEB -1 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
7132 40th LANE EAST

3. Mailing Address  
7132 40th LANE EAST

Suite, Apt. #, etc.  
SARASOTA, FL

Suite, Apt. #, etc.  
SARASOTA, FL

City & State

City & State

01222008 REIN-LLC CR2E101 (1/07)

Zip  
34243

Country  
USA

Zip  
34243

Country  
USA

4. FEI Number 71-1009066 SS# 278-58-4997 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FIELDS, MIKE  
1947 MID-OCEAN CIRCLE  
SARASOTA, FL 34239

## 7. Name and Address of New Registered Agent

Name Mike Fields (Address change only)  
Street Address (P.O. Box Number is Not Acceptable)  
7132 40th LANE EAST  
City 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 obligations of registered agent.

SIGNATURE Lawrence M. Fields Lawrence M. Fields JAN 23, 08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDS, MIKE 1947 MID-OCEAN CIRCLE SARASOTA, FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Fields MGRM 7132 40th LANE EAST SARASOTA, FL 34243
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Lawrence M. Fields Lawrence M. Fields Jan 23, 08

REINSTATEMENT