


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 28 PM 1:48

DOCUMENT # L06000081848 1. Entity Name SAM PRO PAINTING LLC					
Principal Place of Business 8370 W FLAGLER STREET 234 MIAMI, FL 33144			Mailing Address 8370 W FLAGLER STREET 234 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 5707 NW 114 CT #102		3. Mailing Address 5707 NW 114 CT #102			
Suite, Apt. #, etc. # 102		Suite, Apt. #, etc. # 102			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33178		Country USA		Zip 33178	
Country USA		Country US A			
6. Name and Address of Current Registered Agent CAMARGO, RITA 8370 W FLAGLER STREET 234 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name RITA CAMARGO Street Address (P.O. Box Number is Not Acceptable) 5707 NW 114 CT #102 City MIAMI	
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 <u>Rita Camargo</u> <u>Rita Camargo</u> <u>12/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 12/10/07	
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMARGO, RITA 8370 W FLAGLER STREET STE 234 MIAMI, FL 33144	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMARGO, RITA 8370 W FLAGLER STREET STE 234 MIAMI, FL 33144	<input type="checkbox"/> Delete			
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.			REINSTATEMENT 2007		
SIGNATURE: <u>Rita Camargo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 12-10-07		Daytime Phone # 786 4788 120



11012007 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
Not Applicable

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

Name
RITA CAMARGO
Street Address (P.O. Box Number is Not Acceptable)
5707 NW 114 CT #102
City
MIAMI FL Zip Code
33178

**FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00**

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	MGRM	<input type="checkbox"/> Delete
NAME	CAMARGO, RITA	
STREET ADDRESS	8370 W FLAGLER STREET STE 234	
CITY-ST-ZIP	MIAMI, FL 33144	

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000113350230	
CITY-ST-ZIP	12/21/07--01029--006 **105.00	

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: Rita Camargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
12-10-07

Daytime Phone #
786 4788 120