

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000084190

**Entity Name:** POWERS PAINTING, LLC

**FILED**  
**May 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

831 QUEEN RD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

657 CORAL CIRCLE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

831 QUEEN RD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

657 CORAL CIRCLE  
ST. AUGUSTINE, FL 32080

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

POWERS, CHRIS  
831 QUEEN RD.  
ST. AUGUSTINE, FL 32086 US

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

POWERS, CHRIS  
657 CORAL CIRCLE  
ST. AUGUSTINE, FL 32080 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: CHRIS POWERS

05/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POWERS, CHRIS  
Address: 657 CORAL CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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: CHRIS POWERS

MGRM

05/04/2012

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