2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L06000089912

Entity Name: TOP NOTCH PAINTING LLC

Current Principal Place of Business:

2460 SW 156 LANE ROAD
OCALA, FL 34476 US

New Principal Place of Business:

9980 SW 41 AVE
OCALA, FL 34476 US

Current Mailing Address:

2460 SW 156 LANE
OCALA, FL 34476 US

New Mailing Address:

9980 SW 41 AVE
OCALA, FL 34476 US

FEI Number: 20-5535580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, ANDREA M
2460 SW 156 LN RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

ANDERSON, ANDREA M
9980 SW 41 AVE
OCALA, FL 34476 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: ANDREA ANDERSON 03/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, ANDREA M
Address: 2460 SW 156 LANE ROAD
City-St-Zip: OCALA, FL 34473 US

Title: MGR ( ) Delete
Name: ANDERSON, BRIAN R
Address: 2460 SW 156 LANE ROAD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, BRIAN R
Address: 9980 SW 41 AVE
City-St-Zip: OCALA, FL 34476 US

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, ANDERA M
Address: 9980 SW 41 AVE
City-St-Zip: OCALA, FL 34476

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: BRIAN ANDERSON MGR 03/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date