

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN 13 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L07000035797

1. Entity Name  
J B PAINTING, L.L.C.



Principal Place of Business  
1497 CANDLEWYCK DRIVE  
ORLANDO, FL 32807

Mailing Address  
1497 CANDLEWYCK DRIVE  
ORLANDO, FL 32807



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10022008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
20-8779220

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMENDAMEZ, JOSE B  
1497 CANDLEWYCK DRIVE  
ORLANDO, FL 32807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Jose Almendarez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/29/08  
DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ALMENDANEZ, JOSE B  
STREET ADDRESS 1497 CANDLEWYCK DRIVE  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition  
NAME 300139531433  
STREET ADDRESS 01/06/09--01007--027  
CITY-ST-ZIP \*\*238.75

TITLE MGRM ☐ Delete  
NAME BANEGAS, JULIA  
STREET ADDRESS 1497 CANDLEWYCK DRIVE  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jose Almendarez*

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

Date

Daytime Phone #