


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000082691 1. Entity Name GRANGER PAINTING LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">12 FEB -8 PM 2:48</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 8530 LAKE ATKINSON DR TALLAHASSEE, FL 32310				Mailing Address P O BOX 5191 TALLAHASSEE, FL 32314			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GRANGER, JAMES 8530 LAKE ATKINSON DR TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Danny Granger Street Address (P.O. Box Number is Not Acceptable) 8530 Lake Atkinson Drive City Tallahassee FL Zip Code 32310			
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><i>Danny Granger</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRANGER, JAMES P O BOX 5191 TALLAHASSEE, FL 32314 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm Danny Granger P.O. Box 5191 Tallahassee, FL 32314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.				<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">REINSTATEMENT</div> <div style="font-size: 1.2em;">2011-12 8PM</div>			
SIGNATURE: <u><i>Danny Granger</i></u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		E-MAIL ADDRESS	