

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000020291

FILED
Oct 30, 2009
Secretary of State

Entity Name: J. B. PAINTING CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

8433 SOUTHSIDE BLVD
412
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

8108 SUMMER BAY CT
JACKSONVILLE, FL 32256 US

Current Mailing Address:

8433 SOUTHSIDE BLVD
412
JACKSONVILLE, FL 32256 US

New Mailing Address:

8108 SUMMER BAY CT
JACKSONVILLE, FL 32256 US

FEI Number: 27-1211167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRERA, JORGE
8433 SOUTHSIDE BLVD.
412
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BARRERA, JORGE
8108 SUMMER BAY CT
JACKSONVILLE, FL 32256 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: JORGE BARRERA

10/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARRERA, JORGE
Address: 8433 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARRERA, JORGE
Address: 8108 SUMMER BAY CT
City-St-Zip: JACKSONVILLE, FL 32256 US

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: JORGE BARRERA

MGR

10/30/2009

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