

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000077115

**Entity Name:** WALTERS PAINTING OF SWFL LLC

**FILED**  
**Nov 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

403 SE 19TH TERRACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 151386  
CAPE CORAL, FL 33915

**New Mailing Address:**

P O BOX 151386  
CAPE CORAL, FL 33915

FEI Number: 38-3803132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHAVERRI, WALTER  
403 SE 19TH TERRACE  
CAPE CORAL, FL 33915 US

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

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: WALTER CHAVERRI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHAVERRI, WALTER  
Address: 403 SE 19TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

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: WALTER CHAVERRI

MGR

11/30/2010

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