

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000085473

1. Entity Name
AFTER HOURS PAINT CONTRACTORS, LLC



13 SEP 30 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6865 SALEM RD
QUINCY, FL 32352

Mailing Address
6865 SALEM RD
QUINCY, FL 32352



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302013 REIN-LLC

CR2E101 (12/11)

4. FEI Number:
NOT APPLICABLE

Applied For
Not Applicable

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

HEINZE, MICHAEL
6865 SALEM RD
QUINCY, FL 32352

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

Michael Heinze
Signature, by typing printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/30/13
DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2014, Fee will be \$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
HEINZE, MICHAEL
6865 SALEM RD
QUINCY, FL 32352 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

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

Date

E-MAIL ADDRESS

REINSTATEMENT

-13

300252194423

09/30/13--01017--009 ***238.75

SEP 30 2013

M. WILLIAMS

9/30/13