


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000088464		
1. Entity Name C&M PAINTING SERVICES LLC		

Principal Place of Business 90 HARVEY PITTMAN CRAWFORDVILLE, FL 32326	Mailing Address PO BOX 115 CRAWFORDVILLE, FL 32326
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FILED

11 NOV 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 Harvey pitman st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville		City & State Crawfordville	
Zip 32327	Country us	Zip 32327	Country us



11302011 REIN-LLC CR2E101 (1/07)

4. FEI Number 01-0935639	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CONNER, HENRY E JR 90 HARVEY PITTMAN CRAWFORDVILLE, FL 32326	
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7. Name and Address of New Registered Agent	
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 Henry Conner Jr (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONNER, HENRY E JR 90 HARVEY PITTMAN CRAWFORDVILLE, FL 32326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	L. SELLERS NOV 30 2011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500214735875
11/30/11--01002--015 **238.75

REINSTATEMENT 2011

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: Henry Conner Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____