

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000113312

1. Entity Name
BUDGET PAINTING OF NORTH FLORIDA L.L.C.



Principal Place of Business
3773 MATT WING RD
TALLAHASSEE, FL 32311

Mailing Address
3773 MATT WING RD
TALLAHASSEE, FL 32311

16 SEP 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

09262016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number
27-1374176

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BISHOP, CHRIS
3773 MATT WING RD
TALLAHASSEE, FL 32311

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 *Chris Bishop*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BISHOP, CHRIS
STREET ADDRESS 3773 MATT WING RD
CITY- ST- ZIP TALLAHASSEE, FL 32311

TITLE ☐ Change ☐ Addition
NAME 500290585
STREET ADDRESS 09/26/16-01005-003 **238.75
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME BISHOP, BOBBY
STREET ADDRESS 3773 MATT WING RD
CITY- ST- ZIP TALLAHASSEE, FL 32311

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

TITLE MGR ☐ Delete
NAME BISHOP, JEREMY
STREET ADDRESS 3773 MATT WING RD
CITY- ST- ZIP TALLAHASSEE, FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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: *Chris Bishop*

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

Date

E-MAIL ADDRESS

ACJBishop1770@gmail.com

REINSTATEMENT
2016