

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

NOTICE
AND
FILED

14 OCT 10 PM 1:47

DOCUMENT # L10000020269

1. Entity Name
SHAUN SMITH'S CUSTOM PAINTING & DECORATIVE
CONCRETE DESIGNS LLC



Principal Place of Business
172 COUNCIL MOORE ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
172 COUNCIL MOORE ROAD
CRAWFORDVILLE, FL 32327

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

3. Mailing Address

Suite, Apt., etc.
Crawfordville FL
City & State

Suite, Apt., etc.
Crawfordville FL
City & State

Zip
32327 Country

Zip
32327 Country

6. Name and Address of Current Registered Agent

SMITH, SHAUN
172 COUNCIL MOORE ROAD
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
Shaun Smith
Street Address (P.O. Box Number is Not Acceptable)
68 Appaloosa Rd
Crawfordville FL
City FL Zip Code 32327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/14

FILE NOW!!! FEE IS \$238.75
After January 1, 2015, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, SHAUN
172 COUNCIL MOORE ROAD
CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Shaun Smith
68 Appaloosa Rd
Crawfordville FL, 32327

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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:

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

Date

E-MAIL ADDRESS

10/10/14 Jeanal21281@gmail.com