

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 APR 22 PM 4:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L11000018850

1. Entity Name
SMITH PAINTING AND DOOR RESTORATION LLC



Principal Place of Business

196 CHEROKEE DRIVE
HAVANA, FL 32333

Mailing Address

196 CHEROKEE DRIVE
HAVANA, FL 32333

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

3133 Pinnacle Dr

Suite, Apt. #, etc.

3. Mailing Address

3133 Pinnacle Dr

Suite, Apt. #, etc.



04212014 REIN-LLC

CR2E101 (12/11)

City & State

Tallahassee FL

Zip

32301

Country

US

City & State

Tallahassee FL

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TRAVIS A
196 CHEROKEE DRIVE
HAVANA, FL 32333

7. Name and Address of New Registered Agent

Name Travis A. Smith

Street Address (P.O. Box Number is Not Acceptable)

3133 Pinnacle Dr

City

Tallahassee

FL

Zip Code

32301

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

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SMITH, TRAVIS A
STREET ADDRESS 196 CHEROKEE DRIVE
CITY-ST-ZIP HAVANA, FL 32333

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Smith, Travis A
STREET ADDRESS 3133 Pinnacle Dr Tallahassee FL 32301

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Travis A. Smith

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

Date

E-MAIL ADDRESS

APR 22 2014

M. WILLIAMS