

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT


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ADD  
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15 SEP 30 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L11000042413**

1. Entity Name  
**ROSS PAINTING & REPAIRS LLC**



Principal Place of Business 721 CROSSWAY RD. TALLAHASSEE, FL 32305	Mailing Address 721 CROSSWAY RD. TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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09302015 REIN-LLC CR2E101 (12/11)

4. FEI Number 26-1620128	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>ROSS, AMOS 721 CROSSWAY RD. TALLAHASSEE, FL 32305</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 *Amos Ross* (NOTE: Registered Agent signature required when reinstating) DATE 9/30/15

<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, AMOS	NAME		NAME			
STREET ADDRESS	721 CROSSWAY RD.	STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32305	CITY - ST - ZIP		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: *Amos Ross* Date \_\_\_\_\_ E MAIL ADDRESS \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E MAIL ADDRESS