


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

44714 VCL
ADD
FILED

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 #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

09302015 REIN-LLC CR2E101 (12/11)

4. FEI Number 26-1620128	Applied For <input type="checkbox"/> Not Applicable
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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	
ROSS, AMOS 721 CROSSWAY RD. TALLAHASSEE, FL 32305		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 Amos Ross (NOTE: Registered Agent signature required when reinstating) DATE 9/30/15

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSS, AMOS 721 CROSSWAY RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

E MAIL ADDRESS