

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 OCT -4 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # L12000027694 1. Entity Name BIG BOO PAINTING LLC					
Principal Place of Business 210 KAMERON DR MONTICELLO, FL 32344			Mailing Address 210 KAMERON DR MONTICELLO, FL 32344		
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	4. FEI Number 10042013 REIN-LLC CR2E101 (12/11)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES, GERALD 210 KAMERON DR MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Gerald Barnes</u> DATE: <u>10-4-2013</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2014, 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 BARNES, GERALD 210 KAMERON DR MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;"> 300252422123 10/04/13-01006-023 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u>Gerald Barnes</u>			10-4-2013		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>DATE</small>		
<small>E-MAIL ADDRESS</small>					