

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000005036

1. Entity Name  
MIKE CARNES PAINTING LLC



Principal Place of Business Mailing Address  
114 BASSWOOD DR 114 BASSWOOD DR  
CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 US

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

11212014 REIN-LLC CR2E101 (12/11)

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

CARNES, MIKE  
114 BASSWOOD DR  
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

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 *Mike Carnes*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGRM  
NAME CARNES, MIKE  
STREET ADDRESS 114 BASSWOOD DR  
CITY- ST- ZIP CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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: *Mike Carnes*

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

Date

E-MAIL ADDRESS

NOV 21 2014

M. WILLIAMS

APPROVED  
AND  
FILED

14 NOV 21 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

2014