

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000054060

**FILED**  
**Dec 05, 2014**  
**Secretary of State**

**Entity Name:** A PICTURE PERFECT COATING & CAULKING LLC

**Current Principal Place of Business:**

1575 W 19TH ST # 1  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

1244 IDA ST  
4  
JACKSONVILLE, FL 32208 US

**Current Mailing Address:**

1575 W 19TH ST # 1  
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

1244 IDA ST  
4  
JACKSONVILLE, FL 32208 US

**FEI Number:** 90-0959161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, DONTA  
1575 W 19TH ST # 1  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

LOWE, DONTA  
1244 IDA ST  
4  
JACKSONVILLE, FL 32208 US

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.

**SIGNATURE:** DONTA LOWE

12/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** LOWE, DONTA  
**Address:** 1244 IDA ST #4  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

**Title:** MGRM  
**Name:** PALMER, TRACEY  
**Address:** 1244 IDA ST # 4  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** DONTA LOWE

MGRM

12/05/2014

Electronic Signature of Authorized Person

Date