DOCH	MENT # L1400011	9501		a The sin					
1. Entity Name OSCAR LIGHTFOOT PAINTING SERVICES LLC						ECARTOSET			
Principal Plac	e of Business	Mailing Address	ļ		- TĂ	LAHNSSEE	≕_ORI DA		
3575 SUNDO TALLAHASSE	own RD. Ee, FL 32305	3575 SUNDOWN RD. TALLAHASSEE, FL 32	305				1102 11001 11010 1010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09262016	REIN-LLC	CR2E10	1 (12/11)	
City & State		City & State		4. FEI Numb	er			lied For Applicab	
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		.00 Addit	ional
·	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New F	legistered Age	int	
	OT, OSCAR		Ļ	Name	(8.8.5				
	DOWN RD. SSEE, FL 32305		-	Street Address	I (P.O. Box Numb	er is Not Acceptable	•)		
			F	City			FL	Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its	s registere	d office or regist	tered agent, or bo	oth, in the State of Fl		iliar with, a	ind accep
the obligat	ions of registered agent.	4							
GNATURE	Bigriature, typed or printed name of registered age	nt and title if appricable (NOT	E: Registered			-1	DATE		
				d Agent signature rec	quired when reinstating	1)	DATE		
				d Agent signature rec	quired when reinstating				
	E NOW!!! FEE IS \$238.75 Jary 1, 2017, Fee will be \$377.5	50		d Agent signature rec	quind when reinstating	Mai	ke check pay a Department		
	uary 1, 2017, Fee will be \$377.5	50 BERS/MANAGERS	10.	d Agent signature rec	quind when reinstating	Mai	e check pay		
After Janu). ITLE	MANAGING MEME AMBR		10. TITLE	3 Agent signature rec		Ma) Florid	te check pay a Departmen	t of State	
After Janu). IILE AME	MANAGING MEME	BERS/MANAGERS	10. Title NAME	T ADDRESS		Ma) Florid 400290	te check pay a Department	t of State	
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