

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000086535

1. Entity Name

ROLLIN ON PAINT SERVICES, LLC



Principal Place of Business

245 FULTON HARVEY RD  
CRAWFORDVILLE, FL 32327

Mailing Address

245 FULTON HARVEY RD  
CRAWFORDVILLE, FL 32327

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

09262016

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

GEDEON, SCOTT  
245 FULTON HARVEY RD  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-26-16

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2017, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AMBR  
GEDEON, SCOTT  
245 FULTON HARVEY RD  
CRAWFORDVILLE, FL 32327 ☐ Delete

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REINSTATEMENT

2016

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:

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

Date

E-MAIL ADDRESS

9-26-16