

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 FEB 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-0033684
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M03000002663

1. Entity Name
M.C. PAINTING LLC



Principal Place of Business
101 BAY MAR DR.
FT. MYERS BEACH, FL 33931

Mailing Address
101 BAY MAR DR.
FT. MYERS BEACH, FL 33931

2. Principal Place of Business - No P.O. Box #
13812 Pine Villa Lane
Suite, Apt. #, etc.

3. Mailing Address
13812 Pine Villa Lane
Suite, Apt. #, etc.

City & State
Fort Myers, FL
Zip 33912 Country US

City & State
Fort Myers, FL
Zip 33912 Country US

6. Name and Address of Current Registered Agent

ORTIZ, SCOTT
101 BAY MAR DR.
FT. MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name Scott Ortiz
Street Address (P.O. Box Number is Not Acceptable)
3317 Oasis Blvd
City Cape Coral FL Zip Code 33914

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)

2/19/07 DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS ORTIZ, TIM
CITY-ST-ZIP 101 BAY MAR DR.
FT. MYERS BEACH, FL 33931 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME same
STREET ADDRESS same
CITY-ST-ZIP 13812 Pine Villa Lane
Fort Myers, FL 33912 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 000090084420
CITY-ST-ZIP 03/02/07--01046--010 ***200.00 ☐ Change ☐ Addition

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

TITLE NAME
STREET ADDRESS REINSTATEMENT
CITY-ST-ZIP 06-07 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/07 (239) 707-0534
Date Daytime Phone #