

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000130988

1. Entity Name

PAUL'S CLEANING SERVICE, INC. LLC



FILED

08 SEP 23 AM 10:59

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2736 SILKWOOD CIRCLE
APT # 817
ORLANDO, FL 32818 US

Mailing Address

P O BOX 681831
ORLANDO, FL 32868 US

2. Principal Place of Business - No P.O. Box #

4427 EMERSON ST

Suite, Apt. #, etc.

25

3. Mailing Address

P O BOX 10526

Suite, Apt. #, etc.



REINSTATEMENT 02-08
09112008 FSNV CR2E098 (1/07)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

35-2345907

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32247

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEURIOT, PAUL
2736 SILKWOOD CIRCLE
APT 817
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name

Paul Fleuriot

Street Address (P.O. Box Number is Not Acceptable)

3952 ATLANTIC BLVD,

City

JACKSONVILLE

FL

Zip Code

32207

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

Paul Fleuriot

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

(NOTE: Registered Agent signature required when reinstating)

09/18/2008

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLEURIOT, PAUL
STREET ADDRESS 2736 SILKWOOD CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818 ☐ Delete

TITLE VP
NAME FLEURIOT, CAROLE
STREET ADDRESS 2736 SILKWOOD CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818 ☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Paul Fleuriot ☒ Change ☐ Addition
STREET ADDRESS 3952 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME 900136226849
STREET ADDRESS 09/23/08--01005--001 ***300.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Fleuriot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/2008

Date

Daytime Phone #