



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005870510

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SOS Control Number: 609854

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 05/23/2018

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

GONZALEZ LOPEZ PAINTING LLC
5452 PINE DR
VICTOR, ID 83455-5430

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

ABELARDO GONZALEZ
5452 PINE DR
VICTOR, ID 83455

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Abelardo Gonzalez	5452 Pine Dr	Victor ID 83455
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Rosa Maria Lopez	5452 Pine Dr	Victor ID 83455
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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