

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000019635

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Entity Name:** BESTWAY TRUCK REPAIR, LLC

**Current Principal Place of Business:**

6810 PENNSYLVANIA AVE.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6810 PENNSYLVANIA AVE.  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 26-2269525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BONCOSKI, JULIE D  
6810 PENNSYLVANIA AVE.  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JULIE D BONCOSKI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BONCOSKI, RUSSELL A  
**Address:** 6810 PENNSYLVANIA AVE.  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** MGR  
**Name:** BONCOSKI, JULIE D  
**Address:** 6810 PENNSYLVANIA AVE.  
**City-St-Zip:** SARASOTA, FL 34243

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JULIE D BONCOSKI

MGR

10/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date