

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 AM 11:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032161

1. Limited Liability Company's Name

Valtraserv, LLC

2. Principal Office Address

2285 Marsh Hawk Lane

Suite, Apt. #, etc.

Apartment 8-106

City & State

Orange Park, Florida

Zip

32003

Country

USA

3. Mailing Office Address

2285 Marsh Hawk Lane

Suite, Apt. #, etc.

Apartment 8-106

City & State

Orange Park, Florida

Zip

32003

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

12/2/2002

6. FEI Number

14-1858677

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jarrod Buchman

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

2285 Marsh Hawk Lane

Suite, Apt. #, Etc.

Apartment 8-106

City

Orange Park

State

FL

Zip Code

32003

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/9/2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/Mgr.	Jarrod Buchman	2285 Marsh Hawk Lane #8-106	Orange Park, Florida 32003

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 12/9/2003

Daytime Phone# 904-269-8875

Typed or printed name of signing Managing Member/Manager Jarrod Buchman

CR2E041 (10/02)



VALTRASERV
Valet Trash Services

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FILED

2003 DEC 15 AM 11:31

5/29/2003

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom it May Concern,

I recently received a letter regarding the dissolving of Valtraserv, LLC. I do not recall ever receiving a Uniform Business Report as stated in the letter.

Could you please send me a UBR so that I may file it with the Division of Corporations? We are also asking that any additional fees be waived. Being our first year of business, I was unaware that this report had to be filed in January.

I am unable to locate the letter regarding the dissolving of the LLC. I have enclosed a printed copy of my LLC information from www.sunbiz.org.

If you have any further questions, please feel free to call me at 904.707.8727.

Thank you for your time and consideration.

Sincerely,

Jarrod Buchman
Owner
Valtraserv, LLC