

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000021410

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** ROAD KING TRAILERS OF FLORIDA, LLC

**Current Principal Place of Business:**

1985 NW 57TH STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

1985 NW 57TH STREET  
OCALA, FL 34475

**New Mailing Address:**

**FEI Number:** 35-2207527      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MILLER, JUDITH M  
1985 NW 57TH STREET  
OCALA, FL 34475      US

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: JUDITH M MILLER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MILLER, JEFFREY L  
**Address:** 419 N.W. 56TH AVE  
**City-St-Zip:** Ocala, FL 34475

**Title:** MGRM  
**Name:** MILLER, JUDITH M  
**Address:** 1126 N.E. 51ST PLACE  
**City-St-Zip:** Ocala, FL 34479

**Title:** MGRM  
**Name:** PHILLIPS, JAMES D  
**Address:** 6281 N.E. 60TH ST.  
**City-St-Zip:** SILVER SPRINGS, FL 34488

**Title:** MGRM  
**Name:** HAMM, LARRY  
**Address:** 1265 COLEMAN MOUNTAIN RD.  
**City-St-Zip:** WAYNESVILLE, NC 28785

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: JEFFREY L MILLER

MGRM

03/29/2010

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