PLEASE READ ALL INSTRUCTIONS BEFORE COM

## **FILED**

LIMITED LIABILITY COMPANY 2005

· P. FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

AR

Jun 13, 2005 8:00 am Secretary of State 06-13-2005 90320 010 \*\*\*\*50.00

Green Oger tr	ucking, a	LC		20060091		
2. Principal Office Address	3. Mailing Office Addre	ss	-			
254 Bracewellst	or making office record		4. State/Coun	stry of Formation		
259 DICUC PW 1151 Suite, Apt. #, etc.	Suite, Apt. #. etc.	uite, Apt. #. etc.		Florida		
			5. Date Organ	nized or Qualified		
City & State	City & State		To Do Bus	iness in Florida 9-15	-2003	
CRastuiew Fl				6. FEI Number Applied For Not Applied be		
Zip Country	Żip	Country	7.		Not Applicable	
32536 OKaloosa	<u></u> -		CERTIFICATI		Additional Fee required a Certificate of Status	
	8. Name and	Address of Current Registe	red Agent			
Street Address (P.O. Box Number is Not Acceptable)  25-1 BRAC-EWELL ST  Suite. Apt. #, Etc.  City  State Zip Code						
CRestuieu FL						
Signature of Registered Agent  10. Names and Street Addresses of Managing Me	EGISTERED AGENT MUS	T SIGN		Date 4/4/6	ZD(01) (WSZEHO	
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
Mangre Jeffery S. Par	K-1R 25	4 Braczwe	ılst.	CRestuiew	F1 32536	
11. I certify that I am managing member/manager of filing this reinstatement application the reason to all fees owed by the limited liability company has as it made under oath.  Signature of	r dissolution has been elimi	nated, the limited liability com	pany name satisfie	es the requirements of section 60 ate, and my signature shall have	28.406, F.S., and that the same legal effect	
Managing Member/Manager / Jacker Date 4/1/55 Daytime Phone # 850 682 229/  Typed or printed name of signing Managing Member/Manager Jeffer S. Park Car						
Typed or printed name of signing Managing Member	/ManagerJ ( ‡	tery ).	rank.	<u> ۱۲                                   </u>		