

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # 03000038634

1. Entity Name  
RHINO LC



Principal Place of Business  
1020 W MAIN ST  
LAKELAND, FL 33815

Mailing Address  
P.O. BOX 185  
WOODVILLE, FL 32362

06 JAN 13 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01132006 REIN-LLC CR2E101 (11/05)

## 2. Principal Place of Business

## 3. Mailing Address

SAME  
Suite, Apt. #, etc.

P.O. BOX 50  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
04-3776773

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BUTLER, DANIEL  
942 MCDONALD ST  
LAKELAND, FL 33801

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME BUTLER, DANIEL  
STREET ADDRESS P O BOX 185  
CITY-ST-ZIP WOODVILLE, FL 32362

TITLE MGR  
NAME BUTLER, DANIEL  
STREET ADDRESS P.O. BOX 50  
CITY-ST-ZIP LAKELAND, FL 33802

TITLE MGRM  
NAME BUTLER, ERIC D MGRM  
STREET ADDRESS 3132 FORESTGREEN DR. N.  
CITY-ST-ZIP LAKELAND, FL 33811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME UPCHURCH, RANDY L MGRM  
STREET ADDRESS 2013 TENNISON AV. APT A  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME BAHENA, FRANCISCO MGRM  
STREET ADDRESS 2921 CRUTCHFIELD RD.  
CITY-ST-ZIP LAKELAND, FL 33815

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-13-06 863-687-4466