

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000045090

**FILED**  
**Oct 14, 2004**  
**Secretary of State**

**Entity Name:** PRO-TIME TRANSPORT LLC

**Current Principal Place of Business:**

747 S. BRIDGE ST.  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

747 S. BRIDGE ST.  
LABELLE, FL 33935

**New Mailing Address:**

620 S ELM  
LABELLE, FL 33935

**FEI Number:** 20-0768979      **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:**

HAMPTON, JOEL  
747 S. BRIDGE ST.  
LABELLE, FL 33935      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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LEATHERS, DERRICK J PRES.  
Address: PO BOX 1619  
City-St-Zip: LABELLE, FL 33975

Title: MGRM ( ) Change (X) Addition  
Name: HAMPTON, JOEL L V.PRES  
Address: PO BOX 1619  
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:** DERRICK LEATHERS

MGR

10/14/2004

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