

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L030000 48878

1. Limited Liability Company's Name

PAUL'S TRUCKING, LLC

2. Principal Office Address - No P.O. Box #

62 STANLEY DRIVE

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FLORIDA

Zip

32327

Country

UNITED STATES

3. Mailing Office Address

62 STANLEY DRIVE

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FLORIDA

Zip

32327

Country

UNITED STATES

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/02/2003

6. FEI Number

31-1689987

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

FILED

2812 SEP 19 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

PAUL D. CAUSSEAU

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

62 STANLEY DRIVE

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

E-mail Address:

JQUIGG@PEOPLEPC.COM

(To be used for future annual report notices)

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

*Paul D Causseau*  
REGISTERED AGENT MUST SIGN

Date *9-19-12*

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
MGRM	PAUL D. CAUSSEAU	62 STANLEY DRIVE	CRAWFORDVILLE, FL 32327

J. SAULSBERRY  
EXAMINER  
SEP 19 2012

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09/19/12--01019--007 \*\*516.25

REINSTATEMENT  
2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

*Paul D Causseau*  
Date *9-19-12*

Daytime Phone # 850-528-6722

Typed or printed name of signing Managing Member/Manager