

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003658

Entity Name: LYLES TRUCKING LLC

FILED  
Oct 05, 2006  
Secretary of State

**Current Principal Place of Business:**

2775 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

2775 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 30-0019118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYLES, OTHO LEROY  
62 RUSSELLE DR  
CRAWFORDVILLE, FL 21227 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: OTHO LEROY LYLES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LYLES, OTHO LEROY  
Address: 62 RUSSELLE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: MCLANE, TERRY  
Address: 38 STANLEY DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LYLES, OTHO LEROY  
Address: 520 WAKULLA-ARRAN RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OTHO LEROY LYLES

MGRM

10/05/2006

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