

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000008661

1. Entity Name
JW TRACTOR GRADING SERVICES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:45

Principal Place of Business
265 DEER RUN RD
OSTEEN, FL 32764 US

Mailing Address
PO BOX 366
OSTEEN, FL 32764 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
20-0568252

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

WILKINSON, JAMES H
265 DEER RUN ROAD
OSTEEN, FL 32764

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

James Wilkinson

(NOTE: Registered Agent signature required when reinstating)

DATE

10-14-05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES H. WILKINSON
265 DEER RUN RD.
OSTEEN, FL 32764

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500060900915
10/25/05--01005--015 **50.00

☐ Change ☐ Addition

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REINSTATEMENT 2005

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

James Wilkinson

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

10-14-05 321-363-6775

Date Daytime Phone #