

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000020247

1. Entity Name
RHINO LININGS OF LAKE LAND LLC



Principal Place of Business
1020 W MAIN ST
LAKE LAND, FL 33815

Mailing Address
P.O. BOX 185 50
WOODVILLE, FL 32362
LAKE LAND, FL 33802

06 JAN 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

☒ 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
LAKE LAND, FL 33811

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 ☐ Delete

TITLE MGR
NAME BUTLER, DANIEL
STREET ADDRESS P.O. BOX 50
CITY-ST-ZIP LAKE LAND, FL 33802 ☐ Change ☐ Addition

TITLE MGRM
NAME BUTLER, ERIC D
STREET ADDRESS P.O. BOX 50
CITY-ST-ZIP LAKE LAND, FL 338052 ☐ Delete

TITLE MGRM
NAME BUTLER, DANIEL H.
STREET ADDRESS P.O. BOX 50
CITY-ST-ZIP LAKE LAND, FL 33802 ☐ Change ☐ Addition

TITLE MGRM
NAME BUTLER, DANIEL H
STREET ADDRESS P.O. BOX 1237
CITY-ST-ZIP CONCORD, NC 28026 ☐ Delete

TITLE MGRM
NAME BUTLER, DANIEL H.
STREET ADDRESS P.O. BOX 50
CITY-ST-ZIP LAKE LAND, FL 33802 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Daniel Butler

1-13-06

863-687-4466