

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000044538

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

**Entity Name:** BIKERS RESCUE SERVICE, L.L.C.

**Current Principal Place of Business:**

3606 DONNA STREET  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

3606 DONNA STREET  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 56-2467745      **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:**

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

RHYNARD, M.A.  
515 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114      US

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:** RYNARD, MA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** HINDS, JOANNE G  
**Address:** 3606 DONNA STREET  
**City-St-Zip:** PORT ORANGE, FL 32129

**ADDITIONS/CHANGES:**

**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:** JOANNE HINDS

MNG

02/09/2006

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