

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000063923

1. Entity Name
REIHEL RENTAL ENTERPRISES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 13 AM 10:34

Principal Place of Business
62 TARPON LANE
KEY LARGO, FL 33037

Mailing Address
62 TARPON LANE
KEY LARGO, FL 33037

2. Principal Place of Business

3. Mailing Address
4520 CASTLE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 REIN-LLC CR2E101 (11/05)

City & State

City & State
Broomfield Colorado

4. FEI Number
02-0732488

Applied For
Not Applicable

Zip Country

Zip Country
80020 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REIHEL, MARY K
62 TARPON LANE
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name

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

561 Pine Forest Trail

City Orange Park FL Zip Code 32073

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 MARY K. Reihel

Mary K. Reihel

1-11-06

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

TITLE MGR
NAME REIHEL, MARY K
STREET ADDRESS 62 TARPON LANE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 4520 CASTLE LN
CITY-ST-ZIP Broomfield Co. 80020

TITLE
NAME
STREET ADDRESS 500064605915
CITY-ST-ZIP 01/27/06--01005--007 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS REINSTATEMENT
CITY-ST-ZIP 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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