

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L04000069633

**1. Entity Name
RANSOM HAULING, LLC.**



**Principal Place of Business
14561 NW 25 AVENUE
OPALOCKA, FL 33054**

**Mailing Address
16475 NW 38 PLACE
OPALOCKA, FL 33054**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102007 REIN-LLC

CR2E101 (1/07)

**4. FEI Number
05-0610012**

**Applied For
Not Applicable**

**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

**RANSOM, ROBERT
14561 NW 25 AVENUE
OPALOCKA, FL 33054**

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

Robert Ransom
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

29 Oct 07

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS RANSOM, ROBERT
CITY-ST-ZIP 14561 NW 25TH AVENUE
OPALOCKA, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400111562504
CITY-ST-ZIP 11/01/07--01004--011 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

29 Oct 07 786-299-7783

REINSTATEMENT