


# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000057458		
1. Entity Name BROTHERS HAULING, LLC		

Principal Place of Business 7100 RAMPART WAY PENSACOLA, FL 32505	Mailing Address 10681 NW 107TH ST. YUKON, OK 73099
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2. Principal Place of Business - No P.O. Box # 7263 Old Bain Bridge	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State
Zip 32303	Country

**FILED**  
10 OCT 28 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10282010 REIN-LLC CR2E101 (1/07)

4. FEI Number 43-2083363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VIRGIL, MICHAEL J 7100 RAMPART WAY PENSACOLA, FL 32505	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Michael J. Virgil* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGIL, DAVID E PO BOX 16234 PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200187179402 10/28/10--01002--006 **238.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Virgil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #