

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000108956

1. Entity Name  
A R C TOWING SERVICE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 18 PM 2:12

Principal Place of Business  
1225 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815

Mailing Address  
1225 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815



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

3. Mailing Address

11282007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
41-2189500

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

VALENTI, JAMES C ESQUIRE  
1701 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

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)

12/4/07  
DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
CULLATON, HEATHER M  
1225 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100113183661  
12/17/07--01010--019 \*\*\$155.00

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☐ Change ☐ Addition

**REINSTATEMENT 2007**

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:

*Heather Cullaton, Mgr.*

11/28/07

8656832800

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

Day

Daytime Phone #