

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000118486

1. Entity Name  
ATLANTIC TRUCKMOUNTS, L.L.C.



\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 22 AM 12:45

Principal Place of Business  
1747 MARYLAND AV  
ORMOND BEACH, FL 32174

Mailing Address  
1747 MARYLAND AV  
ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

Applied For

203902624

Not Applicable

Zip

Country

Zip

Country

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

CHAPPELL, ERIC L  
1747 MARYLAND AVENUE  
ORMOND BEACH, FL 32174

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)

DATE

11.17.06

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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  
CHAPPELL, ERIC L  
1747 MARYLAND AV  
ORMOND BEACH, FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000081961980 ☐ Change ☐ Addition  
11/20/06--01079--021 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition  
REINSTATEMENT 2006

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

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

11.17.06 8505458617

Date

Daytime Phone #