

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000007449

Entity Name: WEST DIG EQUIPMENT, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1728 TURKEY OAK DRIVE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5328
NAVARRE, FL 32566

New Mailing Address:

P.O. BOX 353
OTSEGO, MI 49078

FEI Number: 75-3207334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAIER, RYAN
1728 TURKEY OAK DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RYAN WAIER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAIER, RYAN P
Address: 1728 TURKEY OAK DR
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM () Delete
Name: WAIER, RYAN P
Address: P.O. BOX 5328
City-St-Zip: NAVARRE, FL 32566 US

Title: MGR (X) Delete
Name: PERROTTA, ANTHONY
Address: 1672 KAUAI COURT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RYAN WAIER

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date