

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000024074

FILED
Oct 24, 2008
Secretary of State

Entity Name: KARL'S RENTAL CENTER OF FLORIDA, LLC

Current Principal Place of Business:

4570 ST. AUGUSTINE ROAD
SUITE 500
JACKSONVILLE, FL 32207

New Principal Place of Business:

3004 SILVER STAR ROAD
ORLANDO, FL 32808

Current Mailing Address:

4570 ST. AUGUSTINE ROAD
SUITE 500
JACKSONVILLE, FL 32207

New Mailing Address:

3004 SILVER STAR ROAD
ORLANDO, FL 32808

FEI Number: 20-4544133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

STRICKLAND, GEORGE
4570 ST. AUGUSTINE ROAD
SUITE 500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

STRICKLAND, GEORGE
3004 SILVER STAR ROAD
ORLANDO, FL 32808 US

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: GEORGE STRICKLAND

10/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHLUETER, JOHN
Address: 4570 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHLUETER, JOHN
Address: 7040 S 10TH STREET
City-St-Zip: OAK CREEK, WI 53154

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: JOHN SCHLUETER

PRES

10/24/2008

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