


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000045284		
1. Entity Name GOLAN TOWING SERVICES, LLC		

Principal Place of Business 4315 NW 7TH STREET, SUITE 49 MIAMI, FL 33126	Mailing Address 4315 NW 7TH STREET, SUITE 49 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 4000 NE 170 ST. Suite, Apt. #, etc. 102 City & State N. Miami Beach, Florida	3. Mailing Address 4000 NE 170 ST. Suite, Apt. #, etc. 102 City & State N. Miami Beach, Florida
Zip 33160 Country USA	Zip 33160 Country USA

**FILED**  
07 DEC 12 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




12112007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GONZALEZ, PEDRO ANGEL 7125 SW 134 CT MIAMI, FL 33183		7. Name and Address of New Registered Agent Name JOSE B. LUJAN Street Address (P.O. Box Number is Not Acceptable) 4315 SW 15 street City Miami FL Zip Code 33134	
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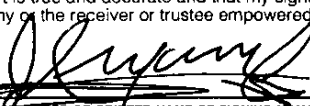
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 12-10-07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		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 LUJAN, JOSE B 4310 SW 15 STREET MIAMI, FL 33134 <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	MGRM GONZALEZ, PEDRO ANGEL 7125 SW 134 CT MIAMI, FL 33183 <input checked="" 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	MGRM ELI BARNES 4000 NE 170 ST SUITE 102 N. Miami Beach FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400113158494 12/14/07--01047--013 **\$0.00 <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	<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	<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  DATE 12-10-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**L06000045284**

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

**FILED**  
07 DEC 12 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

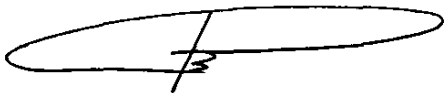
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



PRESIDENT  
ELI BARNES



L06000045284

December 10, 2007

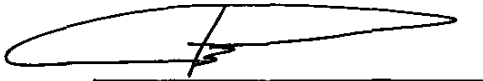
TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

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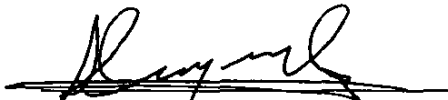
FROM: JOSE LUJAN  
GOLAN TOWING SERVICES, LLC  
L06000045284

PLEASE NOTE THAT NO AMENDMENTS, DISSOLUTION AND OR  
ANY CHANGES WILL BE VALID UNLESS THE MGRM/SOLE OWNER  
MR. ELI BARNES AND AUTHORIZED SUCH CHANGE.

THANKS,



ELI BARNES  
MGRM



JOSE LUJAN  
MGR

Sworn to and Subscribed before me,  
This 10 day of December, 2007

