

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000088009

1. Entity Name
WM.R.MALLOY TRUCKING LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 PM 1:05

Principal Place of Business
38 ROOSEVELT
FROSTPROOF, FL 33843 US

Mailing Address
38 ROOSEVELT
FROSTPROOF, FL 33843 US



2. Principal Place of Business - No P.O. Box #
2959 W. Gordon

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292008 REIN-LLC CR2E101 (1/07)

City & State
Avon Park FL

City & State

4. FEI Number
20-3892587

Applied For
Not Applicable

Zip
33825

Country
Highlands

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

MALLOY, WILLIAM R
38 ROOSEVELT
FROSTPROOF, FL 33843

Name

Street Address (P.O. Box 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

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MALLOY, WILLIAM R JR
CITY-ST-ZIP 38 ROOSEVELT
FROSTPROOF, FL 33843 ☐ Delete

TITLE
NAME MANAGER
STREET ADDRESS TRACY MALLOY
CITY-ST-ZIP 2959 W. Gordon Rd.
Avon Park FL 33825 ☐ Change ☒ Addition

TITLE
NAME MGRM
STREET ADDRESS MALLOY, WILLIAM R
CITY-ST-ZIP 38 ROOSEVELT
FROSTPROOF, FL 33843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800139531148
01/06/09--01007--024 **143.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: William R. Malloy

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

12-30-2008

Date

Daytime Phone #

REINSTATEMENT 2008