

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000Q02807

1. Entity Name  
CUSTOM EQUIPMENT SOLUTIONS, LLC



FILED

09 MAR -3 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1095 JUPITER PARK DRIVE, SUITE 2  
JUPITER, FL 33458  
294 BARBADOS DR Jupiter, FL 33458

Mailing Address  
1095 JUPITER PARK DRIVE, SUITE 2  
JUPITER, FL 33458

2. Principal Place of Business - No P.O. Box #  
294 BARBADOS DR

3. Mailing Address  
294 BARBADOS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252009 REIN-LLC CR2E101 (1/07)

City & State  
Jupiter, FL

City & State  
Jupiter FL

4. FEI Number  
20-8218989

Applied For  
Not Applicable

Zip  
33458

Country

Zip  
33458

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCHNEIDER, GEORGE  
1095 JUPITER PARK DRIVE, SUITE 2  
JUPITER, FL 33458

## 7. Name and Address of New Registered Agent

Name  
George Schneider  
Street Address (P.O. Box Number is Not Acceptable)  
294 BARBADOS DR  
City Jupiter FL Zip Code 33458

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

*Greg Filler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHNEIDER, GEORGE  
1095 JUPITER PARK DRIVE, SUITE 2  
JUPITER, FL 33458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
George Schneider  
294 BARBADOS DR Jupiter, FL 33458 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200144784062  
03/03/09--01003--010 \*\*382.50 ☐ Change ☐ Addition

TITLE  
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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:

*Greg Filler*

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

Date

Daytime Phone #

2/2/09

561-670-7343

REINSTATEMENT 2008-09