

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 OCT 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-0353972 Applied For ☐ Not Applicable ☐

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

DOCUMENT # L07000063026

1. Entity Name
BUDGET COURIER SERVICES LLC



Principal Place of Business
11005 SPRINGRIDGE DRIVE
TAMPA, FL 33624 US

Mailing Address
11005 SPRINGRIDGE DRIVE
TAMPA, FL 33624 US

2. Principal Place of Business - No P.O. Box #
1729 Scotch Pine Dr.
Suite, Apt. #, etc.

3. Mailing Address
1729 Scotch Pine Dr.
Suite, Apt. #, etc.

City & State
Brandon, FL
Zip 33511 Country US

City & State
Brandon FL
Zip 33511 Country US

6. Name and Address of Current Registered Agent

HARBAJAN, CARL
11005 SPRINGRIDGE DRIVE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name Harbajan, Carl
Street Address (P.O. Box Number is Not Acceptable)

1729 Scotch Pine Drive
City Brandon FL Zip Code 33511

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 Carl Harbajan

DATE 10/08/08

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

TITLE MGRM ☐ Delete
NAME HARBAJAN, CARL
STREET ADDRESS 11005 SPRINGRIDGE DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE MGRM ☒ Delete
NAME OOTLAL, KENT
STREET ADDRESS 11005 SPRINGRIDGE DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1729 Scotch Pine Drive
CITY-ST-ZIP Brandon, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100136907131
CITY-ST-ZIP 10/14/08--01039--020 **163.75

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

10/08/08 (813) 454-2275

REINSTATEMENT

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