

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000103558

FILED
Nov 10, 2008
Secretary of State

Entity Name: JAG TRUCKING LLC

Current Principal Place of Business:

208 NORTH CHESTER STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

208 NORTH CHESTER STREET
LEESBURG, FL 34748 US

New Mailing Address:

4101 NW 20TH DR
GAINESVILLE, FL 32605 US

FEI Number: 90-0424565 **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:

SHANE, JOHN P
208 NORTH CHESTER STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: JOHN SHANE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETTWAY, GREGORY A
Address: 208 NORTH CHESTER STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: MGR () Delete
Name: SHANE, JOHN P
Address: 208 NORTH CHESTER STREET
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETTWAY, GREGORY A
Address: 4101 NW 20TH DR
City-St-Zip: GAINESVILLE, FL 32605 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 SHANE

MNGR

11/10/2008

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