

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000111956

1. Entity Name
RIDGE SOUTH SERVICES LLC



09 FEB 24 AM 8:30

WINTER HAVEN, FLORIDA

Principal Place of Business
3223 DUNDEE ROAD
WINTER HAVEN, FL 33884 US

Mailing Address
PO BOX 2058
WINTER HAVEN, FL 33883 US



02022009 REIN-LLC CR2E101 (1/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-1366219

Applied For

Not Applicable

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

GLOCKNER, GEORGE W JR
3223 DUNDEE ROAD
WINTER HAVEN, FL 33884

Name

Street Address (P.O. Box Number 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

George W. Glockner Jr GEORGE W. GLOCKNER JR MGRM 2/16/09
(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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GLOCKNER, GEORGE W JR
STREET ADDRESS PO BOX 2058
CITY-ST-ZIP WINTER HAVEN, FL 33883

TITLE ☐ Change ☐ Addition
NAME ~~800142833110~~
STREET ADDRESS ~~02/04/09--01038--011~~
CITY-ST-ZIP ~~003 \$377.50~~

TITLE ☐ Delete
NAME L. SELLERS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800142836028
STREET ADDRESS 02/04/09--01038--011
CITY-ST-ZIP **377.50

TITLE ☐ Delete
NAME FEB 25 2009
STREET ADDRESS
CITY-ST-ZIP EXAMINER

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS 08-09
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *George W. Glockner Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-209(863) 287-5809
Date Daytime Phone #