

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000121640

1. Entity Name  
PARKES DISTRIBUTION SERVICES, LLC



FILED

09 APR -7 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
16473 92ND LANE NORTH  
LOXAHATCHEE, FL 33407 US

Mailing Address  
16473 92ND LANE NORTH  
LOXAHATCHEE, FL 33407 US



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

03072009 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
26-2618302

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

PITTER, CARL S  
7435 NORTH WEST 57TH STREET  
TAMARAC, FL 33319

Name  
Wilbert Parkes  
Street Address (P.O. Box Number Not Acceptable)  
16473 92nd Lane North  
LOXAHATCHEE, FL 33470  
City  
LOXAHATCHEE FL Zip Code  
33470

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 \$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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PARKES, WILBERT  
16473 92ND LANE NORTH  
LOXATHACHEE, FL 33407 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400148436724  
04/02/09--01020--018 \*\*282.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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:

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

Date

Daytime Phone #

REINSTATEMENT 2008-09

3-31-09 (561) 255-6986