

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000010162

**FILED**  
**Dec 14, 2009**  
**Secretary of State**

**Entity Name:** TOSQUES TRUCKING LLC

**Current Principal Place of Business:**

1792 SPRINGTIME AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1792 SPRINGTIME AVE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 39-2071798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANSSEN & IGAR CPA, PA  
1626 38TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

FOLSOM ACCOUNTING SERVICES INC.  
1605 MAIN STREET  
DUNEDIN, FL 34698 US

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: SUSAN FOLSOM

12/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOSQUES, DAVID A  
Address: 1792 SPRINGTIME AVE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

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: DAVID A. TOSQUES

MGRM

12/14/2009

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