2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2009
Secretary of State

DOCUMENT# L08000018787

Entity Name: W.C. TOWING & RECOVERY, LLC

Current Principal Place of Business:

5610 FILLMORE ST.
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

13050 NW 30TH AVE
OPA LOCKA, FL 33054 US

Current Mailing Address:

5610 FILLMORE ST.
HOLLYWOOD, FL 33021 US

New Mailing Address:

13050 NW 30TH AVE
OPA LOCKA, FL 33054 US

FEI Number: 26-3819824 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: WALTER J. CASTELANO, JR. 10/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CASTELLANO, WALTER J JR.
Address: 5610 FILLMORE ST.
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CASTELLANO, WALTER J JR.
Address: 13050 NW 30TH AVE
City-St-Zip: OPA LOCKA, FL 33054 US

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: WALTER J. CASTELLANO, JR. MGR. 10/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date