## 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L08000116065** 1. Entity Name VIRGIL HAULING LLC 11 OCT 27 PM 4: 42 2011 Principal Place of Business Mailing Address 2355 WEST MICHIGAN #D7 2355 WEST MICHIGAN #D7 PENSACOLA, FL 32505 PENSACOLA, FL 32505 3. Mailing Address 2413 (25 Well Lane 2. Principal Place of Business - No P O. Box # Suite, Apt. #, etc. 10272011 REIN-LLC CR2E101 (1/07) City & State Metairie, Applied For City & State 4. FEI Number LA. 80-0319405 Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired 70001 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIRGIL, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 7263 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303 Zıp Code FL 8. The above named entity submits this statement for the pyrose 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. DATE (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$238.75 Florida Department of State After January 1, 2012, Fee will be \$377.50 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change Addition TITLE Delete TITLE VIRGIL, DAVID E JR. NAME NAME 2355 WEST MICHIGAN #D7 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP PENSACOLA, FL 32505 ☐ Addition CEO TITLE ☐ Delete TITLE VIRGIL, DAVID E JR. NAME NAME STREET ADDRESS 2355 WEST MICHIGAN #D7 STREET ADDRESS PENSACOLA, FL 32505 CITY ST- ZIP CITY-ST-ZIP Change Addition MGR Detete TITLE TITLE VIRGIL, MICHAEL J NAME NAME 700213752107 10/28/11--01001--014 \*\*477.50 STREET ADDRESS 7263 OLD BAINBRIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete THILE ☐ Change Addition THLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME 2011 STREET ADDRESS CITY - ST - ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes でか OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #