

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000003797

1. Entity Name
PETE'S TRUCKING & ASSOCIATES, LLC



FILED

11 SEP 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5031 SW 66TH STREET
GAINESVILLE, FL 32608

Mailing Address
5031 SW 66TH STREET
GAINESVILLE, FL 32608



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

09142011 REIN-LLC

CR2E101 (1/07)

4. FEI Number

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

CHRIST, PETER PAUL
5031 SW 66TH STREET
GAINESVILLE, FL 32608

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter P. Christ

9/14/11

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHRIST, PETER PAUL
5031 SW 66TH STREET
GAINESVILLE, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Lisa Christ
5031 SW 66th St
Gainesville, FL 32608 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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800212101503
09/14/11--01001--024 **377.50 ☐ Change ☐ Addition

TITLE
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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

Lisa Christ

9/14/11

Date

Daytime Phone #

REINSTATEMENT 2010-11