


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2011 OCT 24 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000109830	
1. Entity Name RCL TRUCK LEASING LLC	

Principal Place of Business 4885 FLORIDA CLUB CIR 5301 JACKSONVILLE, FL 32216 US	Mailing Address 4885 FLORIDA CLUB CIR 5301 JACKSONVILLE, FL 32216 US
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2. Principal Place of Business - No P.O. Box # 13840 SW 74 Ct	3. Mailing Address 13840 SW 74 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10242011 REIN-LLC CR2E101 (1/07)

City & State Palmetto Bay FL	City & State Palmetto Bay
Zip 33158	Zip 33158
Country US	Country US

4. FEI Number 61-1537682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, RUSLAN SR 4885 FLORIDA CLUB CIR 5301 JACKSONVILLE, FL 32216	
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7. Name and Address of New Registered Agent	
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 <i>Ruslan Cruz</i>	DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUZ, RUSLAN SR 4885 FLORIDA CLUB CIR UNIT 5301 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
2011

J. SAULSBERRY
EXAMINER

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: <i>Ruslan Cruz</i>	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	