

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000016200

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** TRI-COUNTY TOWING AND RECOVERY OF S.W. FLORIDA, LLC

**Current Principal Place of Business:**

19500 PEACHLAND BLVD.  
UNIT E  
PT. CHARLOTTE, FL 34948

**New Principal Place of Business:**

19500 PEACHLAND BLVD.  
UNIT B  
PT. CHARLOTTE, FL 34948

**Current Mailing Address:**

19500 PEACHLAND BLVD.  
UNIT E  
PT. CHARLOTTE, FL 34948

**New Mailing Address:**

2547 SEAGULL LANE  
NORTH PORT, FL 34286

**FEI Number:** 27-1891895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDOLO, STEPHEN F  
2547 SEAGULL LA.  
NORTH PORT, FL, FL 34286 US

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

MIDOLO, STEPHEN F  
2547 SEAGULL LA.  
NORTH PORT, FL 34286 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: STEPHEN F. MIDOLO

10/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PST  
Name: MIDOLO, STEPHEN F  
Address: 2547 SEAGULL LA.  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP  
Name: MIDOLO, SUSAN F  
Address: 2547 SEAGULL LA.  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP  
Name: MIDOLO, CHRISTOPHER J  
Address: 2547 SEAGULL LA.  
City-St-Zip: NORTH PORT, FL 34286

I hereby 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: STEPHEN F. MIDOLO

PST

10/04/2011

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