

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000070525

**FILED**  
**Apr 16, 2013**  
**Secretary of State**

**Entity Name:** MODULAR TECHNOLOGY WHEELS, LLC

**Current Principal Place of Business:**

10851 RAIN LILLY PASS  
LAND O LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

10851 RAIN LILLY PASS  
LAND O LAKES, FL 34638 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COLLINS, TRICIA  
10851 RAIN LILLY PASS  
LAND O LAKES, FL 34638 US

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

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 L. COLLINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COLLINS, TRICIA  
Address: 10851 RAIN LILLY PASS  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM  
Name: COLLINS, WALTER L  
Address: 5022 SUNSET BLVD.  
City-St-Zip: PORT RICHEY, FL 34668 US

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: WALTER L. COLLINS

V.P

04/16/2013

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