

2015 LIMITED LIABILITY COMPANY REINSTATEMENT


APPROVED
AND
FILED

15 JUN 30 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000064265

1. Entity Name
DAVID L ENGLISH TRACTOR SERVICES, LLC



Principal Place of Business
1322 JEFFREY ROAD
TALLAHASSEE, FL 32312 US

Mailing Address
1322 JEFFREY ROAD
TALLAHASSEE, FL 32312 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

06302015 REIN-LLC CR2E101 (12/11)

4. FEI Number
37-1613208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BEIDEL & COMPANY, PA
1338 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
Name
DAVID L ENGLISH
Street Address (P.O. Box Number is Not Acceptable)
1322 Jeffrey Rd
City
Tallahassee FL Zip Code
32312

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.

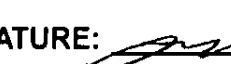
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 6-30-15

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 ENGLISH, DAVID L 1322 JEFFREY ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **6-30-15**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

REINSTATEMENT

400274552824
06/30/15--01012--001 ***377.50

JUN 30 2015

R. HUNT