

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000109942

1. Entity Name
SILENT PRAYER TRUCKING LLC



15 OCT -7 PM 1:31

Principal Place of Business
14997 JULIA MAE COURT
TALLAHASSEE, FL 32312

Mailing Address
P.O. BOX 16201
TALLAHASSEE, FL 32317

SECRET
FEB 20 2016

2. Principal Place of Business - No P.O. Box #

1638 Rustling pines Blvd
Suite, Apt. #, etc.

Mailing Address

1638 Rustling pines Blvd
Suite, Apt. #, etc.



10072015 REIN-LLC CR2E101 (12/11)

City & State
Midway, FL

Zip
32343

Country
Gadsden

City & State
Midway, FL

Zip
32343

Country
Gadsden

4. FEI Number
26-6393717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, LEONARD
14997 JULIA MAE COURT
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
Leonard Howard
Street Address (P.O. Box Number is Not Acceptable)
1638 Rustling pines Blvd
City
Midway, FL
Zip Code
32343

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 *Leonard Howard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-7-15
DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOWARD, LEONARD
14997 JULIA MAE COURT
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Leonard Howard
1638 Rustling pines Blvd
Midway, FL 32343 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
10/07/15--01008--022 **238.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500277652185
10/07/15--01008--022 **238.75

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

TITLE
NAME
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: *Leonard Howard*

10-7-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS