

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000004641

Entity Name: LYKES LOGISTICS, LLC

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

8606 WALL STREET BLDG. 19  
AUSTIN, TX 78754

**New Principal Place of Business:**

**Current Mailing Address:**

8606 WALL STREET BLDG. 19  
AUSTIN, TX 78754

**New Mailing Address:**

P.O. BOX 142263  
AUSTIN, TX 78728

FEI Number: 34-2052511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BARBARA A. BURKE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LYKES, JOE  
Address: P.O. BOX 142263  
City-St-Zip: AUSTIN, TX 787142263

Title: MGR ( ) Delete  
Name: LYKES, LISA  
Address: P.O. BOX 142263  
City-St-Zip: AUSTIN, TX 787142263

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOE LYKES

PRES

10/09/2006

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