


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |  |   |
|--|--|---|
| DOCUMENT # M07000005658                                |  |  |
| 1. Entity Name<br>DUPUY STORAGE AND FORWARDING, L.L.C. |  |   |

**FILED**

09 JUN -9 AM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>316 LAKE AVENUE<br>METARIE, LA 70005 | Mailing Address<br>316 LAKE AVENUE<br>METARIE, LA 70005 |
|---|---|



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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>1520 EDGEWOOD AVENUE N. | 3. Mailing Address<br>1520 EDGEWOOD AVENUE N. |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                           |

05282009 REIN-LLC CR2E101 (1/07)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>JACKSONVILLE, FL | City & State<br>JACKSONVILLE, FL |
| Zip<br>32254                     | Country<br>DUVAL                 |
| Zip<br>32254                     | Country<br>DUVAL                 |

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>STONEBURNER, BERRY & SIMMONS, P.A.<br>841 PRUDENTIAL DRIVE, SUITE 1400<br>JACKSONVILLE, FL 32207 |  |
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| 7. Name and Address of New Registered Agent<br>Name: SIMON S. SIMMONS, II<br>Street Address (P.O. Box Number is Not Acceptable): 1050 RIVERSIDE AVENUE<br>City: JACKSONVILLE FL Zip Code: 32204 |  |
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| 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.<br>SIGNATURE: <u>Simon S. Simmons II</u> DATE: <u>5-27-09</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |
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|                             |  |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$377.50 | Make check payable to<br>Florida Department of State |
|-----------------------------|--|

| 9. MANAGING MEMBERS / MANAGERS                 |   | 10. ADDITIONS / CHANGES                        |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>COLLEY, ALLAN B<br>4300 JOURDAN ROAD<br>NEW ORLEANS, LA 70126 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300156995123<br>05/10/09--00074--022 ***377.50 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>COLLEY, KEVIN D<br>4300 JOURDAN ROAD<br>NEW ORLEANS, LA 70126 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>COLLEY, CHISTOPHER B<br>4300 JOURDAN ROAD<br>NEW ORLEANS, LA 70126 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>REINSTATEMENT</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>RH</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>ALLAN B. COLLEY</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  | Date: <u>06/01/2009</u> Daytime Phone #: <u>504-245-7620</u> |