

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000007493

**FILED**  
**Jun 07, 2012**  
**Secretary of State**

**Entity Name:** OWENS PROPANE OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

208 EAST SCREVEN STREET  
QUITMAN, GA 31643

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 602  
QUITMAN, GA 31643

**New Mailing Address:**

**FEI Number:** 26-1193689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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

OWENS, JAMES E  
137 SW SHELBY AVE.  
MADISON, FL 32340 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: JAMES E. OWENS

06/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OWENS, JAMES E  
Address: PO BOX 602  
City-St-Zip: QUITMAN, GA 31643

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: JAMES E. OWENS

MGR

06/07/2012

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