

**2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M20000002362

**Entity Name:** HIGH PLAINS EQUIPMENT LLC

**Current Principal Place of Business:**

1001 S. MAIN ST. STE 49  
KALISPELL, MT 59901

**Current Mailing Address:**

1001 S. MAIN ST. STE 49  
KALISPELL, MT 59901 US

**FEI Number:** 84-5028987

**Certificate of Status Desired:** Yes

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

NOVOSEL, JODI  
533 WILLIAM ST. #3  
KEY WEST, FL 33040 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:** JODI NOVOSEL

05/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name NOVOSEL, JODI  
Address 533 WILLIAM ST. #3  
City-State-Zip: KEY WEST FL 33040

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JODI NOVOSEL

05/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date