

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000008852

**Entity Name:** OPEN ARMS EXPRESS LLC

**Current Principal Place of Business:**

4651 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256 US

**FEI Number:** 86-1247337

**Certificate of Status Desired:** No

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

MURIEL COICOU  
4651 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256 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:** MURIEL COICOU

09/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            COICOU, MURIEL S  
Address        4651 SALISBURY ROAD  
                  SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title            AUTHORIZED REPRESENTATIVE  
Name            GUSTAVE, JOSLYN  
Address        4651 SALISBURY ROAD  
                  SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title            TREASURER  
Name            GUSTAVE, ELIJAH  
Address        4651 SALISBURY ROAD  
                  SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

*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:** MURIEL COICOU

09/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date