

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000009597

Entity Name: J.O.V. TRUCKING, LLC

**FILED**  
**May 02, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

40 ALTERA CT  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

2814 GRASMERE VIEW PKWY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

40 ALTERA CT  
KISSIMMEE, FL 34758

**New Mailing Address:**

2814 GRASMERE VIEW PKWY  
KISSIMMEE, FL 34746

FEI Number: 51-0451119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

VAZQUEZ, JAMIE O  
40 ALTERA CT  
KISSIMMEE, FL 34758      US

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

VAZQUEZ, JAMIE O  
2814 GRASMERE VIEW PKWY  
KISSIMMEE, FL 34746      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: JAIME O VAZQUEZ

05/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VAZQUEZ, JAIME O MGR  
Address: 40 ALTERA CT  
City-St-Zip: KISSIMMEE, FL 34758 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: VAZQUEZ, JAIME O MGR  
Address: 2814 GRASMERE VIEW PKWY  
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby certify that the information supplied with this filing does not qualify 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: JAIME O VAZQUEZ

MGR

05/02/2008

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