

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 FEB 13 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

LO4000018784

1. Limited Liability Company's Name

LINDA LIVINGSTON TRUCKING LLC.

2. Principal Office Address - No P.O. Box #

1821 NW 31 AVE.

Suite, Apt. #, etc.

LOT 102

City & State

FT LAUDERDALE FL.

Zip

33311

Country

FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL. Broward

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MELVIN ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

1821 NW 31 AVE

Suite, Apt. #, Etc.

LOT 102

City

FT LAUDERDALE

State

FL

Zip Code

33311

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Melvin Roberts

Date 02-13-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	Melvin Roberts	1821 NW 31 AVE	FT LAUDERDALE FL 33311
	1821 NW 31 AVE		
	FT LAUDERDALE		
	FL 33311		

600088448586
02/15/07--01040--022 **250.00

REINSTATEMENT 2005-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Melvin Roberts

Date

2.13.07

Daytime Phone #

954 735 7523

Typed or printed name of signing Managing Member/Manager