

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000083515

Entity Name: J & J TRANSPORTATION, LLC

**FILED**  
**Sep 27, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

9737 NW 41 STREET SUITE #127  
DORAL, FL 33178 US

**New Principal Place of Business:**

9737 NW 41 STREET  
SUITE #127  
DORAL, FL 33178 US

**Current Mailing Address:**

9737 NW 41 STREET SUITE #127  
DORAL, FL 33178 US

**New Mailing Address:**

9737 NW 41 STREET  
SUITE #127  
DORAL, FL 33178 US

FEI Number: 20-2036002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

VARGAS, JOSE J  
10777 NW 84 LN UNIT #1  
DORAL, FL 33178 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: JOSE VARGAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VARGAS, JOSE J  
Address: 10777 NW 84 LN UNIT # 1  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: PRES      (X) Change ( ) Addition  
Name: VARGAS, JOSE J  
Address: 10777 NW 84 LN UNIT # 1  
City-St-Zip: DORAL, FL 33178

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: JOSE VARGAS

PRES

09/27/2008

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