

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000032220**

1. Limited Liability Company's Name

**ELLISTON TRUCKING & TRANSPORT LLC**

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

19031 NW 12 Avenue

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33169

Country

USA

3. Mailing Office Address

19031 NW 12 Avenue

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33169

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 04/01/2005

6. FEI Number

203191563

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

Andrean Eaton

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

1152 N. University Drive

Suite, Apt. #, Etc.

201

City

Pembroke Pines

State

FL

Zip Code

33024

☐ 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

Date 03/28/2009

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
Pres.	Robert Elliston	19031 NW 12 Avenue	Miami Gardens, FL 33169
VP	Andrean Eaton	19031 NW 12 Avenue	Miami Gardens, FL 33169
	<b>SS HAWKES</b>	<b>S. HAWKES</b>	<b>400148293584</b>
	<b>APR 21 2009</b>	<b>APR 21 2009</b>	<b>04/21/09--01033--011 **272.50</b>
	<b>EXAMINER</b>	<b>EXAMINER</b>	<b>REINSTATEMENT</b>
			<b>516.25</b>
			<b>2007-09</b>

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

Date 03/28/2009

Daytime Phone # 954-709-9283

Typed or printed name of signing Managing Member/Manager Robert Elliston



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2009

ELLISTON TRUCKING TRANSPORT LLC  
19031 NW 12 AVE  
MIAMI GARDENS, FL 33169

SUBJECT: ELLISTON TRUCKING & TRANSPORT LLC  
Ref. Number: L05000032220

We have received your document for ELLISTON TRUCKING & TRANSPORT LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$272.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00011828