

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000042197

Entity Name: A BAR J TRANSPORT, LLC

**FILED**  
**Nov 29, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6060 COUNTY ROAD 78  
ALVA, FL 33920 US

**New Principal Place of Business:**

59 ORANGE AVENUE  
VENUS, FL 33960 US

**Current Mailing Address:**

6060 COUNTY ROAD 78  
ALVA, FL 33920 US

**New Mailing Address:**

PO BOX 2021  
ALVA, FL 33920 US

FEI Number: 36-4572699      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:**

FARABEE, AUDREY  
6060 COUNTY ROAD 78  
ALVA, FL 33920 US

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

GIBSON, AUDREY  
59 ORANGE AVENUE  
VENUS, FL 33960 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: AUDREY GIBSON

11/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FARABEE, AUDREY  
Address: 6060 COUNTY ROAD 78  
City-St-Zip: ALVA, FL 33920 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIBSON, AUDREY  
Address: PO BOX 2021  
City-St-Zip: ALVA, FL 33920 US

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREY GIBSON

MGRM

11/29/2006

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