

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000025518

1. Entity Name
JAMURATH'S TRUCKING "LLC"



FILED

09 FEB 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11192008 REIN-LLC CR2E101 (1/07)

4. FEI Number
56-2570373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMURATH, TREVOR
551 OAK BRANCH CIRCLE
KISSIMMEE, FL 34758

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. EXISTING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JAMURATH, TREVOR
STREET ADDRESS 551 OAK BRANCH CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34758

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #