

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JAN -7 PM 12:57

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000033863

1. Entity Name  
TRANSPORTATION ONE, LLC



Principal Place of Business  
817 18TH STREET, E.  
BRADENTON, FL 34208

Mailing Address  
817 18TH STREET, E.  
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

12272007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
☒ Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, BRIAN  
817 18TH STREET, E.  
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

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. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME POOLE, BRIAN  
STREET ADDRESS 817 18TH STREET, E.  
CITY-ST-ZIP BRADENTON, FL 34208

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300113517793  
12/31/07--01024--003 \*\*50.00

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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: Brian C Poole MGRM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/27/07  
Date Daytime Phone #

REINSTATEMENT 07  
6A 1/7