

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000043046

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ALFRED FUENTES TRUCKING, LLC

**Current Principal Place of Business:**

4019 HELY CATE PLACE  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

4039 GREENLEAF DRIVE  
KISSIMMEE, FL 34744 US

**Current Mailing Address:**

4019 HELY CATE PLACE  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

4039 GREENLEAF DRIVE  
KISSIMMEE, FL 34744 US

**FEI Number:** 20-4752475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, ALFREDO SR  
4019 HELY CATE PLACE  
KISSIMMEE, FL 34744 US

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

FUENTES, ALFREDO SR  
4039 GREENLEAF DRIVE  
KISSIMMEE, FL 34744 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: ALFREDO FUENTES

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FUENTES, ALFREDO SR  
Address: 4039 GREENLEAF DRIVE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: P  
Name: FUENTES, ALFREDO SR  
Address: 4039 GREENLEAF DRIVE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP  
Name: FUENTES, IRIS  
Address: 4039 GREENLEAF DRIVE  
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby 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: ALFRED FUENTES

P

01/04/2012

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