

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000078377

1. Limited Liability Company's Name

NEB Transport, LLC

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

213 NW 28th Ave

Suite, Apt. #, etc.

Cape Coral, FL

City & State

Zip

33993

Country

Lee

3. Mailing Office Address

213 NW 28th Ave

Suite, Apt. #, etc.

Cape Coral, FL

City & State

Zip

33993

Country

Lee

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

8/19/2006

6. FEI Number

06-1789337

☐ 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

BRENDA MURPHY

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

213 NW 28th Ave

Suite, Apt. #, Etc.

Cape Coral, FL 33993

City

State

FL

Zip Code

E-mail Address:

(To be used for future annual report notices)

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

Brenda Murphy

Date 2/10/12

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
Mgm	Brendon Murphy (M)	213 NW 28th Ave	Cape Coral, FL 33993
Mgm	Norman E Frechette, Jr.	905 SW 6th Place	Cape Coral, FL 33991

J. SAULSBERRY
EXAMINER

FEB 20 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Brenda Murphy

Date 2/10/12

Daytime Phone (239) 699-0127

Typed or printed name of signing Managing Member/Manager

BRENDA MURPHY