2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2008
Secretary of State

DOCUMENT# L06000091547

Entity Name: A & S TRANSPORTATION LLC

Current Principal Place of Business:

6837 NW BROOKHAVEN AVENUE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

6837 NW BROOK HAVEN AVENUE
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

6837 NW BROOKHAVEN AVE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

6837 NW BROOK HAVEN AVE
PORT ST LUCIE, FL 34983 US

FEI Number: 20-5563501 **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:

SMITH, ANTHONY A
6837 NW BROOKHAVEN AVENUE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

SMITH, ANTHONY A
6837 NW BROOK HAVEN AVENUE
PORT ST LUCIE, FL 34983 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: ANTHONY A. SMITH 10/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, ANTHONY A
Address: 6837 NW BROOKHAVEN AVENUE
City-St-Zip: PT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, ANTHONY A
Address: 6837 NW BROOK HAVEN AVENUE
City-St-Zip: PT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY A. SMITH P 10/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date