

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 01, 2008**  
**Secretary of State**

DOCUMENT# L06000092766

**Entity Name:** NATMAR LOGISTICS LLC

**Current Principal Place of Business:**

5231 NW REBA CIRCLE  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5231 NW REBA CIRCLE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 20-5581149      **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:**

ROBINSON, MARK  
5231 NW REBA CIRCLE  
PORT ST LUCIE, FL 34986      US

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

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: MARK ROBINSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ROBINSON, MARK  
Address: 5231 NW REBA CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: BROWN-LOGAN, NATESHA  
Address: 5231 NW REBA CIR  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: MARK ROBINSON

MGR

10/01/2008

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