

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
15 OCT -1 AM 8:43

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012015 REIN-LLC CR2E101 (12/11)

DOCUMENT # L07000121717 1. Entity Name BETHEL BROTHERS LOGISTICS L.L.C.					
Principal Place of Business 1713 NW 192 ST MIAMI, FL 33055 UN			Mailing Address 1787 MCCALLA RD SE CONYERS, GA 30013 UN		
2. Principal Place of Business - No P.O. Box # 20731 NW 34th Court		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami Gardens FL		City & State Suite, Apt. #, etc.		4. FEI Number 77-0708759	
Zip 33056		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BETHEL, BRANDON E 1713 NW 192 ST MIAMI GARDENS, FL 33055				7. Name and Address of New Registered Agent Name <u>Bethel, Brandon E</u> Street Address (P.O. Box Number is Not Acceptable) <u>20731 NW 34th Court</u> City <u>Miami Gardens</u> FL Zip Code <u>33056</u>	
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 <u>Brandon E. Bethel</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BETHEL, BRANDON E 1713 NW 192 ST MIAMI GARDENS, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bethel, Brandon E 20731 NW 34th Ct Miami Gardens, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BETHEL, BRIAN E 1713 NW 192 ST MIAMI GARDENS, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR, Bethel, Brian E 20731 NW 34th Ct Miami Gardens, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BETHEL, EDWARD 1713 NW 192 ST MIAMI GARDENS, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR, Bethel, Edward 20731 NW 34th Ct Miami Gardens, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300277640689 10/01/15--01003--001 **238.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Brandon E. Bethel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ E MAIL ADDRESS _____					

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