

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000123129

Entity Name: ALL STAR TRANSPORT LLC

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8903 SKYMASTER DR.  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

12135 FALL CREEK CT  
HUDSON, FL 34669

**Current Mailing Address:**

472 ASHLAWN DR.  
HARAHAN, LA 70123

**New Mailing Address:**

12135 FALL CREEK CT  
HUDSON, FL 34669

FEI Number: 68-0665579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVIER, BRITTANY R  
8903 SKYMASTER DR  
NEW PORT RICHEY, FL 34654 US

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

OLIVIER, BRITTANY R  
12135 FALL CREEK CT.  
HUDSON, FL 34669 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: BRITTANY OLIVIER

09/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OLIVIER, BRITTANY R  
Address: 12135 FALL CREEK CT  
City-St-Zip: HUDSON, FL 34669

Title: MGR  
Name: OLIVIER, LUIS A  
Address: 12135 FALL CREEK CT  
City-St-Zip: HUDSON, FL 34669

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: BRITTANY OLIVIER

MGN

09/30/2011

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