

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000126896

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** TRINITY AUTO TRANSPORT, LLC

**Current Principal Place of Business:**

710 11TH STREET  
SUITE 3  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

850 N MIAMI AVE  
SUITE 203  
MIAMI, FL 33136 US

**Current Mailing Address:**

710 11TH STREET  
SUITE 3  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

850 N MIAMI AVE  
SUITE 203  
MIAMI, FL 33136 US

**FEI Number:** 26-1672800      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: CHRIS ELLIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELLIS, CHRIS  
Address: 710 11TH ST SUITE 3  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ELLIS, CHRIS  
Address: 850 N MIAMI AVE SUITE 203  
City-St-Zip: MIAMI, FL 33136 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: CHRIS ELLIS

CEO

03/11/2009

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