

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000025237

Entity Name: GATO TRUCKING, LLC

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

104 SUNSET DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

117 ICHABOD TRAIL  
LONGWOOD, FL 32750

**Current Mailing Address:**

P O BOX 953727  
LAKE MARY, FL 32795

**New Mailing Address:**

FEI Number: 26-2080800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELGADO, CESAR  
104 SUNSET DRIVE  
LONGWOOD, FL 32750 US

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

DELGADO, CESAR  
117 ICHABOD TRAIL  
LONGWOOD, FL 32750 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: DAMARIS DELGADO

10/14/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DELGADO, DAMARIS  
Address: 117 ICHABOD TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR  
Name: DELGADO, CESAR  
Address: 117 ICHABOD TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: DELGADO, RICHARD  
Address: 117 ICHABOD TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: BOBE, ASHLEY  
Address: 117 ICHABOD TRAIL  
City-St-Zip: LONGWOOD, FL 32750

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: DAMARIS DELGADO

MGR

10/14/2013

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