

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000041572

FILED
Dec 09, 2009
Secretary of State

Entity Name: ERNESTO HERNANDEZ TRUCKING, L.L.C.

Current Principal Place of Business:

791 ILENE ROAD E.
WEST PALM BEACH, FL 33415

New Principal Place of Business:

5692 KUMQUAT ROAD
WEST PALM BEACH, FL 33413

Current Mailing Address:

791 ILENE ROAD E.
WEST PALM BEACH, FL 33415

New Mailing Address:

5692 KUMQUAT ROAD
WEST PALM BEACH, FL 33413

FEI Number: 26-4561781 **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:

HERNANDEZ, ERNESTO
791 ILENE ROAD E.
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

HERNANDEZ, ERNESTO
5692 KUMQUAT ROAD
WEST PALM BEACH, FL 33413 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: ERNESTO HERNANDEZ

12/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, ERNESTO
Address: 791 ILENE ROAD E.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, ERNESTO
Address: 5692 KUMQUAT ROAD
City-St-Zip: WEST PALM BEACH, FL 33413

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: ERNESTO HERNANDEZ

MGRM

12/09/2009

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