

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000047571

Entity Name: OVERLAND XPRESS, LLC

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

191 SE DWIGHT AVENUE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

431 OHIO PIKE #311A
CINCINNATI, OH 45255

Current Mailing Address:

191 SE DWIGHT AVENUE
PORT ST LUCIE, FL 34983

New Mailing Address:

431 OHIO PIKE #311A
CINCINNATI, OH 45255

FEI Number: 34-2037163 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:

ANDONI, BLEDAR
191 SE DWIGHT AVENUE
PORT ST LUCIE, FL 34983 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: BLEDAR ANDONI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ANDONI, BLEDAR
Address: 191 SE DWIGHT AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CEO () Delete
Name: BROWN, JASON
Address: 191 SE DWIGHT AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: BROWN, JASON
Address: 431 OHIO PIKE #311
City-St-Zip: CINCINNATI, OH 45255

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: BLEDAR ANDONI

P

11/09/2009

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