

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LIMITED LIABILITY REINSTATEMENT  
OCEAN BARGES & TUG LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED  
11 JUL 19 PM 12:00  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA  
11 JUL 19 AM 11:16  
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

11 JUL 19 AM 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000013411

1. Limited Liability Company's Name

OCEAN BARGES & TUG LOGISTICS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
54-75 N.E. ST. JAMES DRIVE  
State, Apt. #, etc.

3. Mailing Office Address  
54-75 N.E. ST. JAMES DRIVE  
State, Apt. #, etc.

4. State/Country of Formation  
FL

5. Date Organized or Qualified To Do Business in Florida  
02/10/2009

6. FEI Number  Applicant For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

City & State  
PORT ST. LUCIE FL  
Zip  
34983  
Country  
Saint Lucie

City & State  
PORT ST. LUCIE FL  
Zip  
34983  
Country  
Saint Lucie

8. Name and Address of Current Registered Agent  
Name  
Corporate Creations Network Inc.  
Street Address (if P.O. Box Number is Not Applicable)  
11380 Prosperity Farms Road  
State, Apt. #, Etc.  
#221E  
City  
Palm Beach Gardens  
State  
FL  
Zip Code  
33410

E-mail Address:  
jartransp@gmail.com  
(To be used for future annual report notices)

9. I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.  
Signature of Registered Agent Date 7/19/2011  
REGISTERED AGENT MUST SIGN: Kristine Roy, as Special Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Suncoast Shipping LLC	54-75 N.E. ST. JAMES DRIVE, #148	Port St. Lucie, FL 34983
P	ROGER ROUZIER, JR.	54-75 N.E. ST. JAMES DRIVE, #148	Port St. Lucie, FL 34983
V	JEAN ROUZIER	54-75 N.E. ST. JAMES DRIVE, #148	Port St. Lucie, FL 34983
S	MARIE C JOSEPH	54-75 N.E. ST. JAMES DRIVE, #148	Port St. Lucie, FL 34983

REINSTATEMENT 10-11 DBruce

11. I certify that I am managing member/manager of the receiver or trustee or personal to execute this application as provided for in Chapter 609, F.S. I further certify that when filed this consolidated application the necessary filing fees have been submitted. This limited liability company name satisfies the requirements of section 609.409, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.153, F.S.

Signature of Managing Member/Manager Date 7/19/2011 Daytime Phone # (772) 708-7157

Typed or printed name of signing Managing Member/Manager: Suncoast Shipping LLC, Manager by Kristine Roy, as Attorney-in-Fact