

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2014 FEB 5 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000042894

1. Limited Liability Company's Name  
**B & D Trucking and Equipment Co LLC\***

2. Principal Office Address - No P.O. Box #  
**2845 S 90TH ST**

3. Mailing Office Address  
**2845 S. 90<sup>TH</sup> ST**

Suite, Apt. #, etc.  
City & State  
**TAMPA FLORIDA**

Suite, Apt. #, etc.  
City & State  
**TAMPA, Florida**

Zip Country  
**33619 Hills. USA**

Zip Country  
**33619 USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**3/01/2009** ~~9/22/2010~~

6. FEI Number  
**300559463**

Applied For  
Not Applicable

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

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name  
**Albert Cazin**  
Street Address (P.O. Box Number is Not Acceptable)  
**2525 Park City Way**  
Suite, Apt. #, Etc.

City State Zip Code  
**Tampa FL 33609**

**900256413679**  
02/21/14--01005--004 \*\*138.75

**900256413679**  
02/05/14--01024--010 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Albert Cazin* Date 1-29-14  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
owner	POLLEN DAVID A JR.	2845 S 90th street	Tampa florida 33619

**REINSTATEMENT**

**2013 / 2014**

**S. HAWKES**

**FEB 21 AM.**

**S. HAWKES**

~~FEB 6 AM.~~

**EXAMINER**

**EXAMINER**

**377.50**

11. E-mail Address: pmsmotorsports@aol.co.

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Albert Cazin* Date 1-31-14 Daytime Phone # 813-267-0637



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2014

B & D TRUCKING AND EQUIPMENT CO., LLC  
2845 S. 90TH ST.  
TAMPA, FL 33619

SUBJECT: B & D TRUCKING AND EQUIPMENT CO., LLC  
Ref. Number: L09000042894

We have received your document for B & D TRUCKING AND EQUIPMENT CO., LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2013 through 2014; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 014A00002747