

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 FEB 29 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/29/12--01002--010 \*\*138.75

CR2E041 (1/11)

DOCUMENT # L10000078532

1. Limited Liability Company's Name

Azz logistics llc

2. Principal Office Address - No P.O. Box #

900 US Hwy 1 Suite 202

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park FL

City & State

FL

Zip

33403

Country

USA  
Palm bch

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daniel Enzer

Street Address (P.O. Box Number is Not Acceptable)

900 US Hwy 1

Suite, Apt. #, Etc.

Suite 202

City

Lake Park

State

FL

Zip Code

33403

E-mail Address:

aaalogistics usa@gmail.com  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-27-12

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Daniel Enzer	617 6th lane Palm bch gardens, FL 33418	palm bch, FL
Mgr	Daniela G. Enzer	Same T	
		L11 -118313	

11. I certify that I am managing member/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 608.406, 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 s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 2-27-12

Daytime Phone # 561-255-4652

Typed or printed name of signing Managing Member/Manager