

	COMPANY NSTATEMENT	Secre	EPARTMEN etary of State OF CORPORAT			
1. Limited	JMENT # L11000094105 Liability Company's Name U-Drive L.L.C. (ammended		C.)		3 95/7 1.00	2022 AUG 29 AH 9: 04 5000 38830 5403 23/2201012027 **577.50 3937 1785 1
2 Distin	al Office Address - No P.O. Box #				08/31/22	
	th Street E		Mailing Office Address     1012 10th Street E			TICKSEONT (IVIN)
Suite, Apt.						of Formation
Suite, Apr.	w. etc	Suite, Apt. #, etc	Surie, Apri. W. etc		FL/USA  5. Date Organize	d or Qualified
City & State	9	City & State			To Do Business	
Palmetto		Palmetto, FL				Applied For
Zip	Country	Zip	Co	ountry		Not Applicable
34221	USA	34221	[	SA	7. CERTIFICATE OF ST	ATUS DESIRED 55.00 Additional Fee required for a certificate of status
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8 Name and Add	ress of Current Register	l			
Street Addr	nas J. Santoro ress (P.O. Box Number is Not Acceptable) th Street E Etc.	Suite,				
City Palmetto				Zip Code 34221		
9. I, beir Signature Registered		,		am familiar with and a	accept the obligations of	1 Chapter 605, F.S. Date 3 -11-22
10. Name	es and Street Addresses of Authorized Re	presentatives/Managers				
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip
	Thomas J. Santoro, Ox.		1012 10th Street E		et E	Palmetto, FL 34221
			<u> </u>		6-32	
						AUG 3 0 2022
						D CUSHING
11. E- mail	i Address tomsantoro41@out					
certify tha	fy that I am an authorized representation to when filing this reinstatement application. F.S., and that all fees owed by the large.	ve/ manager or the receivation the reason for dissol	ver or trustee lution has bee	en eliminated, the fim	ute this application as pited liability company of	provided for in Chapter 605, F.S. I further name satisfies the requirement of section

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.

Typed or printed name of signing authorized representative/member \_\_\_\_

Signature of authorized representative/member