

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN -2 AM 8:45

SECRETARY OF STATE
TAMPA, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L13000176430
RELY RELAY TRANSPORTATION LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
4871 MCELROY AVE

Suite, Apt. #, etc.

3. Mailing Office Address
4871 MCELROY AVE

Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

Zip
33611

Country
USA

City & State
TAMPA, FLORIDA

Zip
33611

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
12/23/2013

6. FEI Number
90-1030674

☐ 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
CAITLIN R CASTELLANO

Street Address (P.O. Box Number is Not Acceptable)
4871 MCELROY AVE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33611

500267936175
01/02/15--01024--012 **243.75

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

Caitlin Castellano

REGISTERED AGENT MUST SIGN

Date **12/30/2014**

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
MGR	CAITLIN R CASTELLANO	4871 MCELROY AVE	TAMPA/FL/33611

REINSTATEMENT

JAN 02 2014

R. HUNT

11. E-mail Address: **trujicar@yahoo.com**

(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

Caitlin Castellano

Date

12/30/2014 Daytime Phone **(813) 453-3364**