

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR 27 AM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000005444

1. Limited Liability Company's Name

Taylor Cartage, LLC

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

86129 Macaw Rd

Suite, Apt. #, etc.

3. Mailing Office Address

86129

Suite, Apt. #, etc.

City & State

Yulee, FL

Zip

32097

Country

Nassau

City & State

Yulee, FL

Zip

32097

Country

Nassau

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

1-3-14

6. FEI Number

46-4394040

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

Kenneth P Syphers

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

86257 Spring Meadows Ave

Apt. #, Etc.

City

Yulee

State

FL

Zip Code

32097

000285068890
04/27/16--01002--009 **\$77.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/22/2016

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	Kendra T Syphers	86257 Spring Meadows Ave	Yulee, FL 32097
AMGR	Mark L Taylor	86129 Macaw Rd	Yulee, FL 32097

11. E-mail Address:

B Golden Boy Logistics @ 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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Kendra Syphers

Date 4/22/16

Daytime Phone #

Typed or printed name of signing authorized representative/member

Kendra Syphers

AD 4/28