

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000056685

1. Limited Liability Company's Name

Transition Transportation, LLC

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

11187 Luffness Ct

Suite Apt. #, etc.

3. Mailing Office Address

11187 Luffness Ct

Suite Apt. #, etc.

City & State

Jacksonville Florida

Zip

32221

Country

United States

City & State

Jacksonville Florida

Zip

32221

Country

United States

8. Name and Address of Current Registered Agent

Name

Lashawn M. Dixon

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

11187 Luffness Ct

Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32221

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

Lashawn M. Dixon

REGISTERED AGENT MUST SIGN

Date 5/6/2020

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
AR	Lashawn M. Dixon (Owner)	11187 Luffness Ct	Jacksonville Florida, 322
MGR	Jhamaal Marsh	11187 Luffness Ct	Jacksonville Florida, 322
AR	Tenera N. Barreto	11187 Luffness Ct	Jacksonville Florida, 322

11. E-mail Address: Barretetenera@gmail.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

Lashawn M. Dixon

Date 5/6/2020 Daytime Phone # (251) 229-8880

Typed or printed name of signing authorized representative/member

FILED

2020 MAY -7 P 2:08

CR2E041 (1/14)

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

04/07/2014

6. FEI Number

46-5394783

Applic

Not App

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee req
for a certificate of status

6008443841215
13.07.20-01015-002 *\$18.75