

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 AUG 17 PM 3:18

DOCUMENT # L14000071147

1. Limited Liability Company's Name
YF TRANSPORT SERVICES, LLC

000362876620
08/24/21--01003--013 **105.00

000362876620
04/22/21--01017--004 **350.00
CR2E041 (1/14)

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

6846 W 2 CT

3. Mailing Office Address

6846 W 2 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip	Country	Zip	Country
33014	USA	33014	USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/01/2014

6. FEI Number
45-5555055

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

LISET MACEDA

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

6846 W 2 CT

Apt. #, Etc.

City	State	Zip Code
MIAMI	FL	33014

AUG 13 2021

I ALBRITTON

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

Liset Maceda
REGISTERED AGENT MUST SIGN

Date 04/14/2021

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
MANAGER	Liset Maceda	6846 W 2 CT	Miami FL 33014

REINSTATEMENT

2018-2021

11. E-mail Address: maceda1976@yahoo.es

(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

Liset Maceda

Date

04/14/2021

Daytime Phone #

305 335 0899

Typed or printed name of signing authorized representative/member