


# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000174969		
1. Entity Name EMERALD TRANSPORTATION SERVICES OF NORTH FLORIDA, LLC		

Principal Place of Business 2511-A OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303	Mailing Address 304 WEST GFA DR. QUINCY, FL 32351
-----------------------------------------------------------------------------------	---------------------------------------------------------

2. Principal Place of Business - No P.O. Box # <u>304 West GFA Drive</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Quincy, FL</u>	City & State
Zip <u>32351</u>	Country <u>United States</u>

6. Name and Address of Current Registered Agent  SMITH, TATAYANA 2511-A OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name <u>Tatayana Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>304 West GFA Drive</u> City <u>Quincy FL</u> Zip Code <u>32351</u>
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 8/4/16

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50	Make check payable to Florida Department of State
----------------------------------------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMBR SMITH, TATAYANA 2511-A OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMBR Tatayana Smith 304 West GFA Drive Quincy FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE 8/4/16 E-MAIL ADDRESS tatayana.smith96@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED  
16 AUG -4 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700288755507  
08/04/16--01005--020 \*\*382.50



08042016 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
----------------------------------------------------------------------	--------------------------------