

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

16 AUG -4 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700288755507
08/04/16--01005--020 **382.50



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

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

08042016 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 *Tatayana Smith*

Street Address (P.O. Box Number is Not Acceptable)
304 West GFA Drive

City *Quincy FL* Zip Code *32351*

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 <i>Tatayana Smith</i> <i>304 West GFA Drive Quincy FL 32351</i> <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
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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 Date E-MAIL ADDRESS