

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 28 PM 1:44

DOCUMENT # LISC000177807

1. Limited Liability Company's Name

BCK Transport LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900293630729
12/28/16--01005--024 **238.75

CR2E041 (12/13)

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

2231 Mel Mar Go APT 1003

Suite, Apt. #, etc.

APT. 1003

City & State

LIVE OAK FL

Zip

32064

Country

SWANNEE

3. Mailing Office Address

P.O. BOX 1408

Suite, Apt. #, etc.

City & State

LIVE OAK FL

Zip

32064

Country

SWANNEE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-5366749

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name

JAMES WILLIAM

Street Address (P.O. Box number is Not Acceptable)

5961 93 RD Rd

Suite, Apt. #, Etc.

City

LIVE OAK FL

State

FL

Zip

32060

E-mail Address:

BCKTRANSPORTLLC1CB@mail.com

(To be used for future annual report notices)

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

James William

Date 12-27-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	Buddy Kennedy	2231 Mel Mar Go APT 1003	LIVE OAK FL 32064

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Buddy Kennedy

Date 12-27-16 Daytime Phone # 386 339 9060

Typed or printed name of signing authorized Person

RE 12/28/16