

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN 21 10:40

FL001407951070
0500113 -01133 -003 **530.00

DOCUMENT # L16000171896

1. Limited Liability Company's Name

Walker Trucking L.L.C

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

118 PARKIN RD

Suite, Apt #, etc

3. Mailing Office Address

118 PARKIN RD

Suite, Apt #, etc

City & State

POMONA PARK, FLORIDA

City & State

POMONA PARK, FLORIDA

Zip

32181

Country

USA

Zip

32181

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

9-14-16

6. FEI Number

81-3866293

☒ 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

Aubrey Walker

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

118 PARKIN RD

Apt #, Etc

City

POMONA PARK

State

FL

Zip Code

32181

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

Aubrey Walker

Date 4-26-23

REGISTERED AGENT MUST SIGN

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
MGR/ owner	Aubrey Walker	118 PARKIN RD	POMONA PARK, FL, 32181
CEO	Kelly Walker	118 PARKIN RD	POMONA PARK, FL, 32181

11. E-mail Address WALKERTRUCKINGLLC@YAHOO.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

Aubrey Walker

Date

4/26/23

Daytime Phone #

386 972 9419