

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000092638

1. Limited Liability Company's Name

A.2.B. TRUCKING LLC

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

241 Quebec Ave

Suite, Apt. #, etc.

3. Mailing Office Address

241 Quebec Ave

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL

Zip

32433

Country

USA

Zip

32433

Country

USA

8. Name and Address of Current Registered Agent

Name

Baker, Anthony

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

241 Quebec Ave

Apt. #, Etc.

City

Defuniak Springs

State

FL

Zip Code

32433

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

04/12/2018

6. FEI Number

83-1590348

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

Reinst. 20-22

DEC 03 2022

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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

Anthony Baker

Date **10/6/2022**

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 |
|--------|---|--|----------------------------|
| AMBR | Anthony Baker | 241 Quebec Ave | Defuniak Springs, FL 32433 |
| | | | |
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| | | | |
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11. E-mail Address:

(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

Anthony Baker

Date **10/6/2022**

Daytime Phone #

8505201035

Typed or printed name of signing authorized representative/member

Anthony Baker, Member

FILED

OCT 11 AM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**00099588580
10/11/22--01029--021 **541.25**

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