


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:08

DOCUMENT # L9800003062					
1. Entity Name COMPLETE FREIGHT SERVICES, L.C.					
Principal Place of Business 1521 N.W. 89TH COURT MIAMI, FL 33178		Mailing Address 1521 N.W. 89TH COURT MIAMI, FL 33178			
2. Principal Place of Business 8770 NW 99 CT Suite, Apt. #, etc.		3. Mailing Address 8770 NW 99 CT Suite, Apt. #, etc.			
City & State MEDLEY, FL Zip 33178 Country USA		City & State MEDLEY, FL Zip 33178 Country USA		4. FEI Number 65-0877228 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				09292006 REIN-LLC CR2E101 (8/04)	
6. Name and Address of Current Registered Agent MR. ANTHONY SMITH 7262 NW 25TH STREET MIAMI, FL 33122			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>X [Signature]</i>		DATE			
FILE NOW! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make checks payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, ANTHONY T 7262 NW 25TH STREET MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER SMITH, ANTHONY 8770 NW 99 ST MEDLEY, FL 33178	<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	REINSTATEMENT	<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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: <i>X [Signature]</i>		Date			

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10/03/05--01053--002 **150.00

QSS



09292006 REIN-LLC CR2E101 (8/04)

4. FEI Number 65-0877228 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

FILE NOW! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
MGR SMITH, ANTHONY T 7262 NW 25TH STREET MIAMI, FL 33122 Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP
OWNER SMITH, ANTHONY 8770 NW 99 ST MEDLEY, FL 33178 Change Addition

REINSTATEMENT Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete Change Addition

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SIGNATURE: *X [Signature]* Date