2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000007518

1. Entity Name
GUARDADO TRUCKING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:29

Principal Place of Business	Mailing Address
1551 FENTON DR DELRAY BEACH, FL 33445	1551 FENTON DR DELRAY BEACH, FL 33445

12292008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business – No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-8981317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUARDADO, DILCIA 1551 FENTON DR DELRAY BEACH, FL 33445	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: Dilcia Guardado 12/29/08
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NUMBER FEE IS $138.75
After January 1, 2009, Fee will be $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GUARDADO, MACDONAL D 1551 FENTON DR DELRAY BEACH, FL 33445	☐ Delete	01/06/09--01018--001 **138.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GUARDADO, DILCRA E 1551 FENTON DR DELRAY BEACH, FL 33445	☐ Delete	MGRM Guardado, Dilcia E 1551 Fenton Dr. Delray Beach FL 33445 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 2008 ☐ Change ☐ 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: Dilcia Guardado 12/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #