


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

13 OCT -2 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M12000006213</b> 1. Entity Name <b>LIBERTY TRUCK LLC</b>					
Principal Place of Business 402 E. HARRISON ST. TALLAHASSEE, FL 32301			Mailing Address 402 E. HARRISON ST. TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FERMIN, DAVID</b> <b>402 E. HARRISON ST.</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <u>David Fermin</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				10/2/13	
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2014, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERMIN, DAVID 402 E. HARRISON ST. TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Gustavo DiGiusto Rodriguez 1405 County Club Dr. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400252337644 10/02/13--01004--025 ***339.75			TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2013 RLL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2013 RLL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2013 RLL
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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: <u>David Fermin</u>				10/2/13 dmfermin@gmail.com	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>DATE</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>E-MAIL ADDRESS</small>	