I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MR

SIGNATURE: JAMES PABLO

Electronic Signature of Signing Authorized Person(s) Detail

#### Electronic Signature of Registered Agent

SIGNATURE: JAMES PABLO

Authorized Person(s) Detail :				
Title	MGR	Title	SPVR	
Name	PABLO, JAMES R	Name	PABLO, CYNDI K	
Address	6495 SKYLINE DR	Address	6495 SKYLINE DR	
City-State-Zip:	MILTON FL 32570	City-State-Zip:	MILTON FL 32570	

# Name and Address of Current Registered Agent:

PABLO, JAMES R 6495 SKYLINE DR MILTON, FL 32570 US

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.

Current Mailing Address:	
MILTON, FL 32571	
0041 DUNKIDGE DK	

**Current Principal Place of Business:** 

6041 DUNRIDGE DR

6401 DUNRIDGE DR MILTON, FL 32571 US

### FEI Number: 84-3996930

#### 2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT# L19000306508

# Entity Name: PABLO LOGISTICS, LLC

## Aug 22, 2023 Secretary of State 9863879733CR

FILED

08/22/2023 Date

Certificate of Status Desired: No

City-State-Zip: MILTON FL 32570

08/22/2023 Date