2008 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Name LARCO, LLC		SECRETARY OF CORP. 08 APR 23 AN	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business 1470 12TH AR St. & 1470 12TH A PALMETTO, FL 34221 PALMETTO, F	we st.e.		
2. Principal Ptace of Business - No P.O. Box # 1470 12+10 St · E · 1470 12+10 St · E · Suite, Apt. #, etc.			
		04102008 REIN-LLC	CR2E101 (1/07)
Personetto, FL Palmetto, FL		4. FEI Number 33-1034774	Applied For Not Applicable
Zip 34221 USA 3422 6. Name and Address of Current Registered Agent	Country	Certificate of Status Desired Name and Address of New Re	\$5.00 Additional Fee Required
HAVEMAN, LARRY E			
		Street Address (P.O. Box Number is Not Acceptable)	
,	City		
<i>y</i>			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 Signature, typed or printed name of registered agent and title if applicable. MOTE: Registered Agent signature registered when relinstating)			
	, (NOTE: Registered Agent signature req	when relastating)	DATE
	nce with s. 607.193(2)(b), F.S., inpany did not receive the prior n		check payable to Department of State
9. MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/6	
TIPLE P	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
	Delete TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	100123 04/18/08010	3955121 04023 **277.50
TITLE	Delete TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
\(\frac{11Y-51-71P}{1}\)	CITY-ST-ZIP		
THE DISTRICT ADDRESS CITY-STATE	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐ .
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CITY-ST-ZIP TEING IAI EIVIEIN 3007-08			
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 to 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: SIGNATURE AND TYPED OF PRINTED MAJE OF SIGNANG MANAGENG MEMBER, MANAGER, OF PROPHORIZED REPRESENTATIVE Date Disporte Price of Disporte Price of			