

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 NOV -7 PM 5:45

DOCUMENT #

L15000166487

1. Limited Liability Company's Name

CARN ENERGY FEEDER FUND LLC

2. Principal Office Address - No P.O. Box #

30 WEST MASHTA DRIVE

Suite, Apt. #, etc.

400

City & State

KEY BISCAVNE, FLORIDA

Zip

33149

Country

USA

3. Mailing Office Address

30 WEST MASHTA DRIVE

Suite, Apt. #, etc.

400

City & State

KEY BISCAVNE, FLORIDA

Zip

33149

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/25/2015

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

DAVID A. PUYANIC

Street Address (P.O. Box Number is Not Acceptable) Suite,

30 WEST MASHTA DRIVE

Apt. # Etc

SUITE 400

City

KEY BISCAVNE

State

FL

Zip Code

33149

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10/25/16--01025--009 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	DAVID A. PUYANIC	30 WEST MASHTA DRIVE, SUITE 400	KEY BISCAVNE, FL 33149
MGR	DAVID A. PUYANIC	30 WEST MASHTA DRIVE, SUITE 400	KEY BISCAVNE, FL 33149

REINSTATEMENT

2016

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/20/16

Daytime Phone #

305 365-2600 ext 27

Typed or printed name of signing authorized representative/member

David Puyan, Managing Member