# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000033870

1. Entity Name
LARCO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 23 AM 3:20

| Principal Place of Business | Mailing Address |
|---|---|
| 1470 12TH ~~AVE~~ St. E.<br>PALMETTO, FL 34221 | 1470 12TH ~~AVE~~ St. E.<br>PALMETTO, FL 34221 |

04102008 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1470 12th St. E.<br>Suite, Apt. #, etc. | 1470 12th St. E.<br>Suite, Apt. #, etc. |
| City & State: Palmetto, FL | City & State: Palmetto, FL |
| Zip: 34221 Country: USA | Zip: 34221 Country: USA |

4. FEI Number: 33-1034774 ☐ 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 |
|---|---|
| HAVEMAN, LARRY E<br>8035 MANASTOTA KEY RD.<br>ENGLEWOOD, FL 34223 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: See Below — DATE: 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $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 | P<br>HAVEMAN, LARRY E<br>8035 MANASTOTA KEY RD.<br>ENGLEWOOD, FL 34223 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100123955121<br>04/18/08--01004--023 **277.50 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>REINSTATEMENT 2007-08 |

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 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:** Larry H — 4/10/08 — 941-266-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #