

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026577

1. Limited Liability Company's Name

Carr Properties, LLC

000159889180
08/24/09--01062--007 **\$16.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2583 Huntcliff Lane		3. Mailing Office Address P.O. Box 311070	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Enterprise, AL	
Zip 32405	Country US	Zip 36331	Country US

4. State/Country of Formation FL/US	
5. Date Organized or Qualified To Do Business in Florida 7/21/03	
6. FEI Number 47-0927875	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carr, William H.		
Street Address (P.O. Box Number is Not Acceptable) 2583 Huntcliff Lane		
Suite, Apt. #, Etc.		
City Panama City	State FL	Zip Code 32405

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/19/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State / Zip
MGRM	Carr, William H.	2583 Huntcliff Lane	Panama City, FL 32405
REINSTATEMENT 07-09 <i>[Signature]</i>			
REINSTATEMENT 2007-09			

FILED
OCT 22 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date

8/19/09

Daytime Phone #

334-347-0088

Typed or printed name of signing Managing Member/Manager

William H. Carr



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2009

CARR PROPERTIES, LLC
2583 HUNTCLIFF LANE
PANAMA CITY, FL 32405

SUBJECT: CARR PROPERTIES, LLC
Ref. Number: L03000026577

We have received your document for CARR PROPERTIES, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 209A00028746