

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
05 DEC 23 AM 8:56

DOCUMENT # L03000029140

1. Limited Liability Company's Name

Emerald Coast Payroll, LLC

CR2E041 (8/05)

2. Principal Office Address

376 West Chase St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

3. Mailing Office Address

376 West Chase St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

August 8, 2003

6. FEI Number

32-0090184

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

Susan D. Carroll

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

922 North 19th Ave

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

Susan D. Carroll

REGISTERED AGENT MUST SIGN

Date **December 20, 2005**

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	Richard A. Carroll	922 North 19th Ave	Pensacola, FL 32501

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12/27/05--01002--004 **150.00

REINSTATEMENT 2005

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

Richard A. Carroll

Date **12/20/05**

Daytime Phone # **850-437-9870**

Typed or printed name of signing Managing Member/Manager **Richard A. Carroll**