

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043884

1. Entity Name
CAROLE E. MORRISON SERVICE LLC



Principal Place of Business
2044 SOUTHWIND CIRCLE
PENSACOLA, FL 32506 US

Mailing Address
2044 SOUTHWIND CIRCLE
PENSACOLA, FL 32506 US



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

11012004 REIN-LLC

CR2E101 (6/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, CAROLE E
2044 SOUTHWIND CIRCLE
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name JOSEPH F. AVERILL

Street Address (P.O. Box Number is Not Acceptable)
2044 SOUTHWIND CIRCLE

City PENSACOLA

FL 32506

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

Joseph F. Averill

(NOTE: Registered Agent signature required when reinstating)

12-20-04

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

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 MGR ☐ Delete
NAME MORRISON, CAROLE E
STREET ADDRESS 2044 SOUTHWIND CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE ☐ Change ☐ Addition
NAME 500043581445
STREET ADDRESS 12/22/04--01024--003 **50.00
CITY-ST-ZIP

TITLE PRESIDENT ☐ Delete
NAME JODIE E POWELL
STREET ADDRESS 12291 COUNTY RD. 97
CITY-ST-ZIP ELBERTA, AL. 36530

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carole E Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-20-04 2504536817