

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000004751

Entity Name: CAROLWIN, LLC

FILED
Dec 10, 2007
Secretary of State

Current Principal Place of Business:

1715 MONROE STREET
FORT MYERS, FL 33901

New Principal Place of Business:

16191 SAN CARLOS BLVD
FORT MYERS, FL 33908

Current Mailing Address:

5122 HEATHERDOWNS BLVD., SUITE 102
TOLEDO, OH 43614

New Mailing Address:

12295 WILLIAMS RD
PERRYSBURG, OH 43551

FEI Number: 34-1309197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: JEFFREY A MORRIN

12/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OBERMILLER, JOHN J SR.
Address: 2626 N. MESA STREET, PMB 203
City-St-Zip: EL PASO, TX 79902

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIN, JEFFREY A
Address: 12295 WILLIAMS RD
City-St-Zip: PERRYSBURG, OH 43551

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY A MORRIN

MGR

12/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date