

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025422

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CARLSON ENTERPRISES, LLC

## Current Principal Place of Business:

1010 16TH STREET NORTH  
JACKSONVILLE, FL 322502878

## New Principal Place of Business:

940 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

## Current Mailing Address:

1010 16TH STREET NORTH  
JACKSONVILLE, FL 322502878

## New Mailing Address:

940 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

FEI Number: 54-2148363      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:

CARLSON, ADOLPH W  
1010 16TH STREET NORTH  
JACKSONVILLE, FL 322502878 US

## Name and Address of New Registered Agent:

CARLSON, ADOLPH W  
940 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225 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: ADOLPH W CARLSON

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CARLSON, JOHN E  
Address: 1010 16TH STREET NORTH  
City-St-Zip: JACKSONVILLE, FL 322502878

Title: MGRM ( ) Delete  
Name: CARLSON, ADOLPH W  
Address: 1010 16TH STREET NORTH  
City-St-Zip: JACKSONVILLE, FL 322502878

Title: MGR ( ) Delete  
Name: CARLSON, STEVE T  
Address: 1010 16TH STREET NORTH  
City-St-Zip: JACKSONVILLE, FL 322502878

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CARLSON, JOHN E  
Address: 940 CANDLEBARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM (X) Change ( ) Addition  
Name: CARLSON, ADOLPH W  
Address: 940 CANDLEBARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR (X) Change ( ) Addition  
Name: CARLSON, STEVE T  
Address: 940 CANDLEBARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: ADOLPH W CARLSON

MGRM

01/14/2009

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