

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000025422

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** CARLSON ENTERPRISES, LLC

**Current Principal Place of Business:**

940 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

932 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

940 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

932 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

**FEI Number:** 54-2148363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CARLSON, ADOLPH W  
932 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

09/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARLSON, JOHN E  
**Address:** 932 CANDLEBARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGR  
**Name:** CARLSON, ADOLPH W  
**Address:** 932 CANDLEBARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGRM  
**Name:** CARLSON, STEVE T  
**Address:** 932 CANDLEBARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32225

I hereby 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

MGR

09/30/2010

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