

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

06 DEC -7 AM 8:13

DOCUMENT # L04000052217

1. Limited Liability Company's Name

Carroll Plumbing Repair LLC

CR2E041 (8/05)

2. Principal Office Address

219 Patton Street

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 1216

Suite, Apt. #, etc.

City & State

Crestview Florida

City & State

Crestview, Florida

Zip

32539

Country

U.S.A.

Zip

32539

Country

U.S.A.

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

7-14-2004

6. FEI Number

59-259-6667

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

Robert Newton Carroll

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

219 Patton Street

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

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

Date

REGISTERED AGENT MUST SIGN

**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
owner	Robert Newton Carroll	219 Patton Street	Crestview, Florida, 32539

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12/07/05--01004--005 \*\*100.00

REINSTATEMENT

05-06

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

Robert N. Carroll

Date 12-4-06

Daytime Phone # 850-682-5083

c 850-546-0314

Typed or printed name of signing Managing Member/Manager

*1*

*December 4,2006*

*Dear Sir Or Madam or To Whom It May Concern;  
I started my LLC Corporation on July 14,2004,  
Our address at the time was 219 Patton Street but at  
a later time, was changed to Post Office Box 1216  
at a later date.I did not receive any renewal notice in  
my post office box.It's possible this was a mistake  
of mine. Please accept my apology.Thanks for your time.*

*Sincerely,*

*Robert Newton Carroll*

*Carroll Plumbing Repairs LLC*