

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000055220**

1. Limited Liability Company's Name

Carson LLC

FILED

08 JUL 21 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900131585239
06/23/08--01039--001 **416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

7880 W Hwy 40

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 97482

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Raleigh NC

Zip

34482

Country

Marion

Zip

27624

Country

Wake

4. State/Country of Formation

FL Marion

5. Date Organized or Qualified
To Do Business in Florida

May 2005

6. FEI Number

20-1548940

☐ 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

Daniel Carson

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

181 SW 80th Ave

Suite, Apt. #, Etc.

City

Ocala FL

State

FL

Zip Code

34482

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Daniel Carson

Date **6/20/08**

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
Pres.	Lawrence Carson	4201 White Chapel Way	Raleigh NC 27615
VP	Daniel Carson	181 SW 80th Ave	Ocala FL 34482

REINSTATEMENT 06.08

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

Daniel Carson

Date **6/20/08**

Daytime Phone # **1-352-237-6862**

Typed or printed name of signing Managing Member/Manager