

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000083694

1. Entity Name
CARLIMAC, LLC



FILED

08 JAN 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
27430 JOHNSTON ROAD
DADE CITY, FL 33523

Mailing Address
27430 JOHNSTON ROAD
DADE CITY, FL 33523

2. Principal Place of Business - No P.O. Box #
18441 Hurdock Rd
Suite, Apt. #, etc.
Brooksville FL
City & State

3. Mailing Address
18441 Hurdock Rd
Suite, Apt. #, etc.
Brooksville, FL
City & State

01152008 REIN-LLC CR2E101 (1/07)

4. FEI Number
34-2024554
Applied For
Not Applicable

Zip
34601 Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, CRYSTAL
27430 JOHNSTON ROAD
DADE CITY, FL 33523

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
18441 Hurdock Rd.
City Brooksville FL Zip Code 34601

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Crystal Marshall
Signature, typed or printed name of registered agent and title if applicable.

Crystal Marshall
(NOTE: Registered Agent signature required when reinstating)

1-15-08
DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
STREET ADDRESS MARSHALL, JAY
CITY-ST-ZIP 27430 JOHNSTON ROAD
DADE CITY, FL 33523 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS MARSHALL, CRYSTAL
CITY-ST-ZIP 27430 JOHNSTON ROAD
DADE CITY, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 18441 Hurdock Rd
CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 18441 Hurdock Rd
CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 000116459670
CITY-ST-ZIP 01/30/08--01034--008 **382.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Crystal Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-15-08 352-544-2223
Date Daytime Phone #

REINSTATEMENT 07-08