

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

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DOCUMENT # L04000088549

1. Limited Liability Company's Name

Carlzee, LLC

2. Principal Office Address

107 US 41 By-Pass

Suite, Apt. #, etc.

3. Mailing Office Address

20 Southwick Drive

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Lincoln, RI

Zip

34275

Country

USA

Zip

02865

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/07/2004

6. FEI Number

20-1978174

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

Kenneth Avedisian

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

107 US 41 By-Pass

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34275

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

10-10-06

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
MGRM	Kenneth Avedisian	107 US 41 By-Pass	Venice, Florida 34275
MGRM	Robert Ayrassian	107 US 41 By-Pass	Venice, Florida 34275

REINSTATEMENT 05-06

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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

Date

10/10/06

Daytime Phone #

941-809-9934

Typed or printed name of signing Managing Member/Manager Robert Avedisian, Managing Member