

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205000010824

1. Limited Liability Company's Name

CARRENN PROPERTIES, LLC

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

2427 PIER DR

Suite, Apt. #, etc.

3. Mailing Office Address

2427 Pier Dr

Suite, Apt. #, etc.

City & State

RUSKIN FL

City & State

RUSKIN FL

Zip

Country

33570 Hillsborough

Zip

Country

33570

8. Name and Address of Current Registered Agent

Name

CAROLYN P. ZABLOCKI

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

2427 PIER DR

Suite, Apt. #, Etc.

City

RUSKIN

FL

State

Zip Code

FL

33570

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

Carolyn P. Zablocki

REGISTERED AGENT MUST SIGN

Date 12/17/09

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
MGR	KENNETH M. Zablocki	2427 Pier Dr	RUSKIN, FL 33570

11. E-mail Address: CAROLYN CARRENN@AOL.COM

(To be used for future annual report notifications)

12. 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

Kenneth M. Zablocki

Date 12/17/09

Daytime Phone # 813-938-1503

Typed or printed name of signing Managing Member/Manager

FILED

10 JAN -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/22/09--01028--001 **143.75
000163884980
12/22/09--01028--001 **143.75
000163884980
01/06/10--01011--001 **138.75
CR2E041 (11/09)

4. State/Country of Formation

FLORIDA / PASCO

5. Date Organized or Qualified
To Do Business in Florida

JAN 24, 2005

6. FEI Number

202948625

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

REINSTATEMENT

08-09,10