

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 27 AM 9:54

DOCUMENT # L05000027877

1. Entity Name
CARRABELLE RIVER HOUSE LLC



Principal Place of Business

~~PO BOX 15486~~
~~TALLAHASSEE, FL 32317~~

Mailing Address

~~PO BOX 15486~~
~~TALLAHASSEE, FL 32317~~

2. Principal Place of Business - No P.O. Box #

407 E. KING ST.

3. Mailing Address

P.O. Box 378

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

MIAMI, FL

Zip

32351

Country

USA

Zip

32343

Country

USA



04272007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

202806038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEATHERLY, JAMES F JR
2727 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEATHERLY, JAMES F JR ☐ Delete
STREET ADDRESS PO BOX 15486
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ~~MGRM~~
NAME ~~SUBER, GREG~~ ☐ Delete
STREET ADDRESS ~~407 E. KING ST~~
CITY-ST-ZIP ~~QUINCY, FL 32351~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME GREG SUBER ☐ Change ☒ Addition
STREET ADDRESS P.O. BOX 378
CITY-ST-ZIP MIAMI, FL 32343

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

4-27-07