PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 19 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L05000028299

1. Limited Liability Company's Name

# Carroll Family, L.L.C.

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| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 220 South Collier Boulevard | 220 South Collier Boulevard |
| Suite, Apt. #, etc.: 601 | Suite, Apt. #, etc.: 601 |
| City & State: Marco Island, Florida | City & State: Marco Island, Florida |
| Zip: 34145 Country: U.S. | Zip: 34145 Country: U.S. |

4. State/Country of Formation: Florida/U.S.

5. Date Organized or Qualified To Do Business in Florida: March 21, 2005

6. FEI Number: 54-2170427 ☐ 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: C. William Carroll

Street Address (P.O. Box Number is Not Acceptable): 220 S. Collier Boulevard

Suite, Apt. #, etc.: #601

City: Marco Island State: FL Zip Code: 34145

E-mail Address:
100202784451
04/20/11--01001--010 **516.25

billturfnsurf@aol.com
(To be used for future annual report notices)

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: C. William Carroll Date: 4/19/11
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 | C. William Carroll | 220 South Collier Boulevard, #601 | Marco Island, FL 34145 |
| MGRM | Carolyn Carroll | 220 South Collier Boulevard, #601 | Marco Island, FL 34145 |
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REINSTATEMENT 2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

Signature of Managing Member/Manager: C. William Carroll Date: 4/18/11 Daytime Phone #: 239/642-8779

Typed or printed name of signing Managing Member/Manager: C. William Carroll