LIMITED LIABILITY									
COMPANY									
REINSTATEMENT									



FLORIDA DEPARTMENT OF STATE

	OMPAN ISTATEN		▲ ₽/6/	Secretary of sion of cori		DNS						
	MENT #			······································					西台	2016		
	, ,	Car LLC							AMASSEE.	JAN 25		
2. Principal	Office Addre	ss - No P.O. Box#	3. Mailing O	ffice Address			1	CR2E	041-(1/14)	U		
4567	0	Club Drive			4. State/Coun	try of Formation	93	Ö				
Sulte, Apt. #	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #,	t, etc.			FL 5. Date Organ	nized or Qualified	Ç1'	<u>72</u>	····		
City & State			City & State				To Do Busa	ness in Florida	5/19/	2005	<u> </u>	
Nice	ville	Mir	Miramar Beach, FL				6. FEI Number Applied For 65 - 1252082 Not Applicable					
Z ip 3257	78	Country Zip Okalooso		Zip 32550		lton	-	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee regul for a certificate of status			Not Applicable at Fee required e of status	
		8. Name and Addr	ss of Current Reg	istered Age	nt	· · · · · · · · · · · · · · · · · · ·						
Name F	Richard	d S McNeese										
36	468 Em	umber is Not Acceptable) 9 erald Coast										
Apt. #, E		1201					្រី ពីវ	8002 /25/16-0		331	. 38 ************************************	
City		State Zip Code FL 32541				, 20110		0.20				
9. t, bein Signature Registered	of	ne registered agent of the	Mck	leese		π familiar with and a	ccept the obligation		F.S.	0-1	6	
10			REGISTERED AGE		N .						, 	
	sand Street Ad	dresses of Authorized Rep	presentatives/Manag	jers		itreet Address of Eac	<u> </u>					
Titles	Authorized Representatives/ Managers			Authorized Representative/ Manager				City / State / Zip				
MGRM	Reaga	Reagan Majoria			3162 Club Drive				Miramar Beach, FL 3255			
MGRM	Tony	Wood		408 F	(ell	y Planta	tion	Destin	, FL	3254	:1	
MGRM Felix Spizale				103 Fursman Street				Lafayette, LA 70503				
								·		- 1		
						<u> </u>	سد ملا الرياز الرياد	LIVIE	CTA 1	L		
11, E- mail	Address:	reaganma	j@aol.cor			C	11-14	W				
12. I certife	y that I am an	authorized representativ	e/ manager or the			annual report notifical		as provided for in	Chapter 6	05, F.S. I	further	
		is reinstatement applica										

605.0012, F.S., and that all feet one wed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature state 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 authorized representative/member.

-Date 1/21/2016_{Daytime Phone} # 850.622.4729