


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000014131					
1. Entity Name CARRABELLE CHARTERS LLC					
Principal Place of Business 1000 US HWY 98 CARRABELLE, FL 32322			Mailing Address 5594 PEDRICK PLANTATION TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, KEVIN N 5594 PEDRICK PLANTATION TALLAHASSEE, FL 32317			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$277.50		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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHERRADEN, DON 2471 THORNTOR ROAD TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, KEVIN N 5594 PEDRICK PLANTATION TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000144564610 03/04/09--01026--004 **152.50	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000144564610 03/04/09--01026--003 **125.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY - ST - ZIP	08:09	
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: 3-4-09					
Daytime Phone #					

FILED
09 MAR -4 AM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03042009 REIN-LLC CR2E101 (1/07)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 Date: 3-4-09
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