PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000093432

1. Limited Liability Company's Name

ECHOBILL, LLC

900161501139
10/08/09--01035--002 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2304 FAIRWAY LN		2304 FAIRWAY LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SEBRING, FL		SEBRING, FL	
Zip	Country	Zip	Country
33872	US	33872	US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida OCT. 2, 2008

6. FEI Number 122582150 ☐ 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
UNITED STATES CORPORATION AGENTS

Street Address (P.O. Box Number is Not Acceptable)
320 S. FLAMINGO ROAD

Suite, Apt. #, Etc.
347

City: PEMBROKE PINES | State: FL | Zip Code: 33027

☑ 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.

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 _____ Date 10/6/09

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
MGR	WILLIAM J CAROL	2304 FAIRWAY LN	SEBRING, FL 33872

REINSTATEMENT 2009 JB

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 608.408, 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 William J Carol Date 10/6/09 Daytime Phone # 863-314-0290

Typed or printed name of signing Managing Member/Manager WILLIAM J. CAROL