

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090236

Entity Name: C4 CARPET CARE, LLC

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9946 SW 58TH AVE  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 773724  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 27-0952429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COX, CARLISLE  
9946 SW 58TH AVE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

COX, CARLISLE B IV  
9946 SW 58TH AVE  
OCALA, FL 34476 US

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.

SIGNATURE: CARLISLE B. COX IV

10/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COX, CARLISLE B IV  
Address: 9946 SW 58TH AVE  
City-St-Zip: Ocala, FL 34476 US

Title: MGRM  
Name: COX, MICHELLE  
Address: 9946 SW 58TH AVE  
City-St-Zip: Ocala, FL 34476 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARLISLE B. COX IV

MGRM

10/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date