

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000018324

**Entity Name:** CARA SUE MACK, LLC

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1090 SW CAIRO AVENUE  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

1090 SW CAIRO AVENUE  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 27-1929493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACK, CARA S  
1090 SW CAIRO AVENUE  
PORT ST LUCIE, FL 34953 US

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

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:** CARA S MACK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MACK, CARA S  
**Address:** 1090 SW CAIRO AVENUE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 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:** CARA SUE MACK

MGRM

02/06/2012

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