

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000040220

**FILED**  
**Dec 01, 2011**  
**Secretary of State**

**Entity Name:** CARL'S TROPICAL TINT & AUTO DETAILING, LLC.

**Current Principal Place of Business:**

1460 N. GOLDENROD RD.,  
SUITE 120  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1460 N. GOLDENROD RD.,  
SUITE 120  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 27-2342366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLGOOD, CARL E  
1460 N. GOLDENROD RD.  
SUITE 120  
ORLANDO, FL 32807 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:** CARL E. ALLGOOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALLGOOD, CARL E  
**Address:** 1460 N. GOLDENROD RD. SUITE 120  
**City-St-Zip:** ORLANDO, FL 32807 US

**Title:** MGRM  
**Name:** ALLGOOD, JOYCE E  
**Address:** 1460 N. GOLDENROD RD., SUITE 120  
**City-St-Zip:** ORLANDO, FL 32807 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:** CARL E. ALLGOOD

MGRM

12/01/2011

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