

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 OCT -9 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10092013 REIN-LLC CR2E101 (12/11)

DOCUMENT # L12000088384 1. Entity Name R CARVA ELECTRIC LLC					
Principal Place of Business 211 BRAGG DRIVE TALLAHASSEE, FL 32305			Mailing Address 211 BRAGG DRIVE TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BOLDEN, EDWARD 211 BRAGG DRIVE TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent 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 <i>Edward Bolden</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 10/9/13 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/ MANAGERS			10. ADDITIONS/ CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOLDEN, EDWARD 211 BRAGG DRIVE TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edward Bolden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date OCT 09 2013 E-MAIL ADDRESS S. PRATHER		

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