

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 DEC 30 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # W2000141712

1. Limited Liability Company's Name

DR. CAROL MARSH LLC

2. Principal Office Address - No P.O. Box #

5834 STIRLING ROAD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

3. Mailing Office Address

10761 N PRESERVE WAY

Suite, Apt. #, etc.

APT. 208

City & State

MIRAMAR FLORIDA

Zip

33025

Country

USA

CR2E041 (12/13)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

5TH NOVEMBER 2013

6. FEI Number

46-1355063

☐ 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

CAROL MARSH

Street Address (P.O. Box Number is Not Acceptable)

10761 N. PRESERVE WAY

Suite, Apt. #, Etc.

APT. 208

City

MIRAMAR

State

FL

Zip Code

33025

E-mail Address:

100254877281 #  
12/19/13 - 01055-018 243.75

INFO@DRCAROLMARSHLLC.COM

(To be used for future annual report notices)

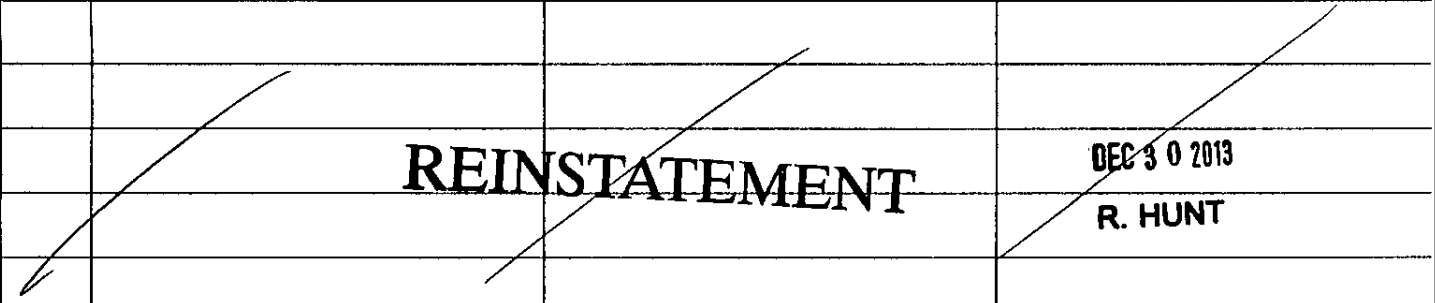
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date 30 DECEMBER 2013

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
DR.	CAROL MARSH	10761 N. PRESERVE WAY, APT. 208	MIRAMAR, FLORIDA 33025
			

**REINSTATEMENT**

DEC 30 2013

R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of  
Authorized Person

Date 12/30/2013

Daytime Phone # (954) 773 5660

Typed or printed name of signing Authorized Person

CAROL MARSH