

2016 LIMITED LIABILITY COMPANY REINSTATEMENT


APPROVED
AND
FILED

16 APR 29 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000070705

1. Entity Name
CAR EXPO, LLC



Principal Place of Business
240 HEMLEY LOOP
TALLAHASSEE, FL 32312

Mailing Address
240 HEMLEY LOOP
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #
1208 N Monroe St

3. Mailing Address
1208 N Monroe St

Suite, Apt. #, etc.
Tallahassee FL

Suite, Apt. #, etc.
Tallahassee FL

City & State
32303 Leon

City & State
32303 Leon

Zip
32303

Country
Leon

Zip
32303

Country
Leon



04292016 REIN-LLC CR2E101 (12/11)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REZAZADEH, A MIRZA
2146 ARMISTEAD ROAD
TALLAHASSEE, FL 32308

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE *4/29/16*

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, 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	MGRM REZAZADEH, A MIRZA 2146 ARMISTEAD ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *rezazad@yahoo.com*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E MAIL ADDRESS