# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED AND FILED

15 FEB -3 AM 10: 33

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L13000171474

1. Entity Name
SEA WORLD CARRIERS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4526 BANNEKA ST<br>ORLANDO, FL 32811 | 4526 BANNEKA ST<br>ORLANDO, FL 32811 |

02032015 REIN-LLC CR2E101 (12/11)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| PAUL, HERMAN<br>4526 BANNEKA ST<br>ORLANDO, FL 32811 | Name: Elisa Jackson<br>Street Address (P.O. Box Number is Not Acceptable): 107 Baptist Rd<br>City: Lloyd FL Zip Code: 32337 |

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $238.75**
**After January 1, 2016, Fee will be $377.50**

Make check payable to: Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | Ray Glenn. ☐ Change ☑ Addition |
| NAME | PAUL, HERMAN | NAME | |
| STREET ADDRESS | 4526 BANNEKA ST | STREET ADDRESS | 29 Broadway Ave #108 |
| CITY-ST-ZIP | ORLANDO, FL 32811 | CITY-ST-ZIP | Ft Myers FL 33901 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | 000269083270 |
| CITY-ST-ZIP | | CITY-ST-ZIP | 02/03/15--01016--006 **377.50 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | S. HAWKES |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | FEB -3 AM ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | EXAMINER |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** _____ 2/3/15

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