


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT -6 AM 9:28

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L14000176396

1. Limited Liability Company's Name

LEECAR, LLC

2. Principal Office Address - No P.O. Box # 4485 SWILCAN BRIDGE LN NORTH	3. Mailing Office Address 4485 SWILCAN BRIDGE LN NORTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
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Zip 32224	Country U.S.A.	Zip 32224	Country U.S.A.
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8. Name and Address of Current Registered Agent

Name KATHLEEN HOLBROOK COLD	
Street Address (P.O. Box Number is Not Acceptable) Suite, ONE INDEPENDENT DR	
Apt. #, Etc. STE 2301	
City JACKSONVILLE	State FL
	Zip Code 32202

CR2E041 (1.14)

4. State/Country of Formation FLORIDA/U.S.A.
5. Date Organized or Qualified To Do Business in Florida 11/13/2014
6. FEI Number NONE
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

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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 Kathleen Cold Date 9/27/16  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	DAVID W. ALBAN	4485 SWILCAN BRIDGE LN NORTH	JACKSONVILLE, FL 32224
MGR	BREE R. ALBAN	4485 SWILCAN BRIDGE LN NORTH	JACKSONVILLE, FL 32224

11. E-mail Address: KCOLD@HACSR.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member [Signature] Date 9/27/16 Daytime Phone # 904-737-7730

Typed or printed name of signing authorized representative/member