

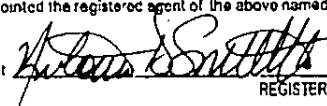
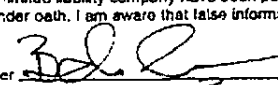
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2024 NOV 18 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100439813631
11/19/24--01002--002 **238.75

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L23000460891					
1. Limited Liability Company's Name BRENDAN CARR CONSTRUCTION LLC					
2. Principal Office Address - No P.O. Box # 8904 NEVIS WAY		3. Mailing Office Address 10 LINCOLN ST		4. State/Country of Formation FLORIDA/US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/10/2023	
City & State NAPLES, FL		City & State NATICK, MA		6. FEI Number 33-1256777	
Zip 34112	Country US	Zip 01760	Country US	Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	
Name BRENDAN M CARR					
Street Address (P.O. Box Number is Not Acceptable) Suite, 8904 NEVIS WAY					
Apt. #, Etc.					
City NAPLES	State FL	Zip Code 34112			
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 11/13/2024	
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	BRENDAN M CARR	10 LINCOLN ST		NATICK, MA 01760	
11. E-mail Address: BMCNATICK@GMAIL.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 805.0012, 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 will 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 		Date 11/13/2024		Daytime Phone # 508-860-7644	
Typed or printed name of signing authorized representative/member Brendan Carr					