

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M00000000646

**FILED**  
**Nov 11, 2010**  
**Secretary of State**

**Entity Name:** CARMIL II LLC

**Current Principal Place of Business:**

600 E. LAS COLINAS BLVD., SUITE 1800  
IRVING, TX 75039

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 619091  
DALLAS, TX 752619091

**New Mailing Address:**

600 E. LAS COLINAS BLVD., SUITE 1800  
IRVING, TX 75039

**FEI Number:** 75-2780931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MAUREEN CATHELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARMIL ASSOCIATES, INC.  
**Address:** 600 E. LAS COLINAS BLVD., SUITE 1800  
**City-St-Zip:** IRVING, TX 75039

**Title:** MGR  
**Name:** MILLER, TY  
**Address:** 600 E. LAS COLINAS BLVD., SUITE 1800  
**City-St-Zip:** IRVING, TX 75039

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** TY MILLER

MGR

11/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date