TEXAS SECRETARY of STATE HOPE ANDRADE

UCC | Business Organizations | Trademarks | Notary | Account | Help/Fees | Briefcase | Logout

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:

800976388

Entity Type:

Domestic Limited Liability

Company (LLC)

Original Date of Filing:

May 9, 2008

Entity Status:

In existence

Formation Date:

N/A

FEIN:

Tax ID: **Duration:**

Perpetual

32037028688

Name:

Carbon Shrinks, LLC P.O. BOX 684356

Address:

AUSTIN, TX 78768 USA

ASSOCIATED REGISTERED ENTITIES **AGENT FILING HISTORY** NAMES MANAGEMENT **ASSUMED NAMES** Name Address **Inactive Date Brigid Shea** 2604 Geraghty Avenue Austin, TX 78757 USA

Order

Return to Search

Instructions:

● To place an order for additional information about a filing press the 'Order' button.

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Name: Carbon Shrinks, LLC Address: P.O. BOX 684356

AUSTIN, TX 78768 USA

	SISTERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES		CIATED ITIES
View Image	Document Number 214948500002	Filing Type Certificate of Formation		Filing Date May 9, 2008	Effective Date May 9, 2008	Eff. Cond No	Page Count 2
(X	234998180002	Certificate of Amendment		October 30, 2008	October 30, 2008	No	1
B	324105250001	Public Information Report ((PIR)	December 31, 2009	August 28, 2010	No	1
Ø	333101010001	Public Information Report ((PIR)	December 31, 2010	October 7, 2010	No	1
B	381454100001	Public Information Report ((PIR)	December 31, 2011	August 5, 2011	No	1

Order

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Instructions:

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In the Office of the Secretary of State of Texas

MAY 0 9 2008

CERTIFICATE OF FORMATION

Corporations Section

FOR

BRIGID SHEA & ASSOCIATES, LLC a Texas Limited Liability Company

ARTICLE ONE NAME

The name of the limited liability company is BRIGID SHEA & ASSOCIATES, LLC.

ARTICLE TWO REGISTERED AGENT AND REGISTERED OFFICE

The initial registered agent is an individual resident of the state of Texas and whose name and address are as follows:

Brigid Shea 2604 Geraghty Ave. Austin, Texas 78757

ARTICLE THREE MANAGEMENT

The limited liability company will be governed by its members. The name and address of each initial member is:

Brigid Shea 2604 Geraghty Ave. Austin, Texas 78757 John Umphress 2604 Geraghty Ave. Austin, Texas 78757

ARTICLE FOUR PURPOSE

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Page 1 of 2

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MAY -9 2008

Secretary of State

ARTICLE FIVE ORGANIZER

The name and address if the organizer is set forth below.

Mike Tolleson Mike Tolleson & Associates, Inc. 2106 East M.L.K. Blvd. Austin, TX 78702

This document will become effective when the document is filed by the secretary of state.

The undersigned signs this document subject to the penalties imposed by law for the submission of a false or fraudulent document on this the 24 day of May, 2008.

Mike Tolleson

CERTIFICATE OF AMENDMENT OF BRIGID SHEA & ASSOCIATES, LLC

A TEXAS LIMITED LIABILITY COMPANY

FILED In the Office of the Secretary of State of Texas

OCT 3 0 2008

Corporations Section

- 1. The name of the filing entity is Brigid Shea & Associates, LLC. The filing entity is a Limited Liability Company which was formed on May 9, 2008. The file number issued to the filing entity by the secretary of state is 80076388.
- 2. The amendment changes the certificate of formation to change Article One that names the filing entity. The article is amended to read:

The name of the filing entity is Carbon Shrinks, LLC.

3. Article Three- Management of the certificate of formation is altered and amended as follows:

The limited liability company will be governed by managers. The names and addresses of the initial managers are:

Brigid Shea 2604 Geraghty Ave. Austin, Texas 78757 Terry Moore P.O. Box 684356 Austin, Texas 78768

- 4. The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.
- 5. This document becomes effective when the document is filed by the secretary of state.

The undersigned signs this document subject to the penalties imposed bylaw for the submission of materially false or fraudulent instrument.

Dated: /0/30/

Brigid Shea

Authorized Managing Member

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OCT 3 0 2008

Secretary of State

880701 12-08-08 TX2009

Ver. 1.1

05.102

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(Rev. 1-08/28) (To be filed by Corporations and Limited Liability Companies (LLCS))

■ Tcode 13196

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number 32037028688 Report year 2009

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

CARB(IRINKS	LLC
Mailing addi		68435	6
AUST:	IN		

ТX

00002246893

78768

or Comptroller file number

|Secretary of State file number

0800976388

Check box if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

P.O. BOX 684356 - AUSTIN, TX 78704 Principal place of business P.O. BOX 684356 - AUSTIN, TX

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax Please sign below! report. There is no requirement or procedure for supplementing the information as

officers, directors, or members change throughout the year.



SECTION A. Name, title and mailing address of each officer, director or member. TERRY MOORE expin P.O. BOX 684356 AUSTIN TX m m d MARY BRIGID SHEA Mailing address 2604 GERAGHTY AVENUE AUSTIN ТX Dine Mailing address City

SECTION B. Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company NONE	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Croyotto returbs information required for each provided and to the			j dina amik.

Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity. ed (parent) corporation or limited hability company Texas SOS file number, if any NONE od agent and registered office currently on file. (See instructions if you n Check box if you need forms to change the Agent: BRIGID SHEA registered egent or registered office infor Office: 2604 GERAGHTY AVE. AUSTIN TX

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Taxas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

dge and belief, as of the date below, and that a copy of this report has be nt and any attachments is true and correct to the best of my kno red by this, or a related, corporation or limited liability company. each person named in this report who is an officer, d

sign here

Principa

214-608-0314



VE/DE	PIR IND	

00005542436

98079# 12-02-09 TX2010

Ver. 1.0

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

05-102	
(9-09/29)	

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions MUST be signed and filed to satisfy franchise tax requirements

This rep	ort
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(9-09/29)				
m Tcode	1	3	1 9	6

a raxpayer number	xpayer number
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32037028688

Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

expayer name CARBO	On Si	HRINKS	LLC
Aailing address		68435	5

Secretary of State file number or Comptroller file number

AUSTIN Check box if there are currently no changes from previous year, if no information is displayed, complete the applicable information in Sections A, B and C.

TX

78768

0800976388

	Principal office	B					
					AUSTIN,		
-	Principal place	e of busine	3 3				
	P.O.	BOX	684356	-	AUSTIN,	ТX	78704

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



DECTION A Name, title and mailing address of each only	cer, director or member.								
Name	Title .	Director		m	m	d	d	y	У
TERRY MOORE		YES	Term expiration						
Mailing address P.O. BOX 684356	AUSTIN		State TX			ZIP (376	8	
Name	Title	Director		m	m	d	d	y	У
MARY BRIGID SHEA		YES	Term expiration						
Malling address 2604 GERAGHTY AVENUE	AUSTIN		State TX			ZIP 0	ode 375	7	
Name	Title	Director		m	m	d	d	y	y
		YES	Term expiration						
Mailing address .	City		State		l	ZIP C	Code		

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company NONE	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
SECTION C Enter the information required for each corporation or LLC, if a	y, that owns an interest of ten p	ercent (10%) or more in this er	Itity
or limited liability company.	1		
1.84	terms at the second second		

NONE

2604 GERAGHTY AVE.

Agent: BRIGID SHEA

AUSTIN

Check box if you need forms to change the registered agent or registered office information. ZIP Code 78757

TX

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional for Sections A, B, and C, if necessary. The information will be available for public inspection.

been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company

sign here



PIR IND



08076 11-03-10

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

TX201	1

Ver. 2.0

sign

here

To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■Tcode 13196

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-	Tax	pav	er i	ามก	ıber

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you.

Filing Number: 800976388

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	An		

-	^	^	^	~	Λ	~	0	-	0	•

32037028688	2011	Contact us	at: (512) 463-4600, o	r (800) 252- :	1381, toll free nationwic
Taxpayer name CARBON SHRINKS LLC	•				
Mailing address P.O. BOX 684356				Secretary of Str Comptroller file	ate file number or number
City AUSTIN Sta	nte TX	ZIP Code 7876	8 Plus 4	08009	76388
	16 1- 15 N 1 15 -		- information in Continue & C		
Check box if there are currently no changes from previous yet Principal office P.O. BOX 684356 - AUSTIN, TX		ia, complete the applicable	e information in Sections A, E	and C.	
Principal place of business P.O. BOX 684356 - AUST			į		
Officer, director and mem		rted as of the date a	a Public Information		
Report is completed. The	•				
Please sign below! report. There is no require	ment or procedure for	supplementing the	information as		
officers, directors, or men	nbers change through	out the year.		*32	03702868811*
SECTION A Name, title and mailing address of each	ch officer, director or m	ember.			
Name .	Title		Director	, m	mddyy
mannu 1/000m			YES Term		
TERRY MOORE	NIICO	737	expirati	1	1 70766
Mailing address P.O. BOX 684356	City AUST	TN	State	LY	ZIP Code 78768
Name	Title		Director		m u u y y
MARY BRIGID SHEA			YES Term expirati	on	
Melling address 2604 GERAGHTY AVENUE	City AUST	TN	State :	- 1	ZiP Code 78757
Name	Title	4.41	Director	m.	m d d y y
100010	Tiuo		YES Term		
			expirati	on	
Mailing address	City		State		ZIP Gode
SECTION B Enter the information required for each corp	poration or LLC, if any, in	which this entity owns	s an interest of ten perce	nt (10%) or n	nore.
Name of owned (subsidiary) corporation or limited liability company NONE	Stat	te of formation	Texas SOS file numb	er, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or Ilmited Ilability company	Stat	te of formation	Texas SOS file numb	er, if any	Percentage of Ownership
SECTION C Enter the information required for each cor or limited liability company.	poration or LLC, if any, th	at owns an interest of t	ten percent (10%) or mo	ore in this enti	ity
Name of owned (parent) corporation or ilmited liability company NONE	Stat	te of formation	Texas SOS file numb	er, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See Instruction Agent: BRIGID SHEA	ons if you need to make chang	ges)	Check box if you no the registered agent		
Office: 2604 GERAGHTY AVE.		CityAUSTI	N	State TX	ZIP Code 78757
The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available		d liability company that file	es a Texas Franchise Tex Re	oort. Use additio	onal sheets
I declare that the information in this document and any attachments	is true and correct to the best		ef, as of the date below, and	that a copy of to	his report has

Texas Comptroller Official Use Only

Brigis Shea

VE/DE PIR IND

512-698-2025

Date / 25/4

