



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005685900

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Limited Liability Company (D)

Date Formed: 12/12/2019

Formation Locale: ID

Name and Mailing Address:

Little Rome Enterprises LLC
CARLA ROBERTS
PO BOX 243
IDAHO CITY, ID 83631-0243

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

Carla Roberts
27 MILES DR
IDAHO CITY, ID 83631

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
☒ Mgr ☒ Mem	Carla Roberts	PO Box 243, (27 miles Dr)	Idaho City, ID 83631
☐ Mgr ☐ Mem			
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(5) Signature: _____

(6) Date: 3/20/2024

(7) Type/Print Name: Carla Roberts

(8) Title: Owner / manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.

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