

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000003201

1. Entity Name
ASSOCIATED GROWERS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:04

Principal Place of Business
4733 W. ATLANTIC AVE., C-8
DELRAY BEACH, FL 33445

Mailing Address
4733 W. ATLANTIC AVE., C-8
DELRAY BEACH, FL 33445

2. Principal Place of Business
1370 NW 78 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1370 NW 78 AVENUE
Suite, Apt. #, etc.



10122006 REIN-LLC CR2E101 (11/05)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
52-2135407

Applied For
Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

K&R INVESTMENTS, INC.
4733 W. ATLANTIC AVE., SUITE C-8
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name K & R INVESTMENTS, INC

Street Address (P.O. Box Number is Not Acceptable)

1370 NW 78 AVENUE

City MIAMI

FL

Zip Code 33126

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE K & R INVESTMENTS, INC

10/12/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME REICH, MORTON
STREET ADDRESS 7570 ISLA VERDE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE MGR ☐ Delete
NAME KRASSAN, MITCHELL
STREET ADDRESS 5612 NW 40TH AVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500080928895
STREET ADDRESS 10/17/06--01051--005 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/12/06

Date

(305) 639-2021

Daytime Phone #