

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 029 \*\*\*\*50.00

**DOCUMENT #** L00000002408

**1. Entity Name**

FLORIDA CRANE, LLC

**DO NOT WRITE IN THIS SPACE**

954021

**2. Principal Place of Business**

2720 NW 55<sup>th</sup> Court

Suite, Apt. #, etc.

**3. Mailing Address**

2720 NW 55<sup>th</sup> Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Ft. Lauderdale FL

**City & State**

Ft. Lauderdale FL

**4. FEI Number**

22-3715036

Applied For

Not Applicable

**Zip**

33309

**Country**

U.S.A.

**Zip**

33309

**Country**

U.S.A.

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Kim M. Cummings

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

2720 NW 55<sup>th</sup> Court

**City**

Fort Lauderdale

**FL**

**Zip Code**

33309

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MANAGER  
**NAME** JOEL T. WOODALL  
**STREET ADDRESS** 4292 Hunting Trail  
**CITY-ST-ZIP** Lake Worth, FL 33467

**TITLE** MANAGING MEMBER  
**NAME** JOSHUA POPKIN  
**STREET ADDRESS** 1016 HIGHWAY 33  
**CITY-ST-ZIP** Freehold NJ 07728

**TITLE** MANAGING MEMBER  
**NAME** RICHARD E. SMITH  
**STREET ADDRESS** 1016 HIGHWAY 33  
**CITY-ST-ZIP** Freehold NJ 07728

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

4/26/02 954-448-0070

CR2E083B (12/01)