

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000026923

Entity Name: C&S INVESTMENTS, LLC

FILED
Oct 13, 2004
Secretary of State

Current Principal Place of Business:

516 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

516 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 30-0141989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAXON, BENJAMIN Y
516 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 US

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: CHRISTOPHER J. COLEMAN, ESQUIRE

10/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CRUTCHFIELD, GREGORY
Address: 576 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: MGR (X) Delete
Name: SAXON, BENJAMIN III
Address: 576 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY CRUTCHFIELD

MGRM

10/13/2004

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