2007 LIMITED LIABILITY COMPANY

FILED **DOCUMENT # L03000010580** 2007 APR 30 AM 10: 43 1. Entity Name CRAFTMATIC SCOOTERS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3550 GATEWAY DRIVE 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite, Apt. #, etc. 04062007 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number 56-2326425 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stanley A. Kraftsow C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 3550 Bateway Drive 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 33069 Pompano Beach 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 _ Make check payable to Florida Department of State FILE NOW!!! FEE 13 \$200.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete MILE. ☐ Chance KRAFTSOW, STANLEY NAME NAME 3550 GATEWAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP ☐ Delete IIILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZTP ☐ Delete ☐ Change ☐ Addition me TITLE NALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 57 - 73P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY - ST - ZIP TILE Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS C/TY-ST-739 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 606, Florida Statutes. SIGNATURE:

COVER LETTER

Division of Corporations
SUBJECT: Craftmatic Scooters, LLC
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NA Al' Dan Land Andrea
Mary Alice Rogers, Legal Assistant (Name of Person)
Ballard Spahr Andrews & Ingersoll, LLP (Firm/Company)
Plaza 1000, Suite 500, Main Street
Voorhees, NJ 08043-4636 (City/State and Zip Code)
(englished and say code)
For further information concerning this matter, please call:
Mary Alice Rogers _{at} 856 , 761-3439
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301