

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2006
Secretary of State

DOCUMENT# L04000005109

Entity Name: THE CRYSTAL GROUP, LLC

Current Principal Place of Business:

793 UNION STATION STREET
SALEM, VA 24153

New Principal Place of Business:

6094 OAK BLUFF WAY
LAKE WORTH, FL 33467

Current Mailing Address:

793 UNION STATION STREET
SALEM, VA 24153

New Mailing Address:

FEI Number: 20-0820334 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:

TAYLOR, JEFF D
3133 MONTICELLO PLACE
#111
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

COHEN, DANIEL J
6094 OAK BLUFF WAY
LAKE WORTH, FL 33467 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: DANIEL COHEN

10/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, DANIEL J
Address: 3133 MONTICELLO PLACE BLDG 15 UNIT 111
City-St-Zip: ORLANDO, FL 32835 NY

Title: MGR () Delete
Name: ALAN, WANTROBA
Address: 3133 MONTICELLO PLACE BLDG 15 UNIT 111
City-St-Zip: ORLANDO, FL 32835

Title: P (X) Delete
Name: COHEN, DANIEL J
Address: 6094 OAK BLUFF WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: KRAUS, ANDREW J
Address: 22 HEATHER LANE
City-St-Zip: NEW HYDE PARK, NY 11040

Title: ST () Delete
Name: CHAKALIAN, ARA
Address: 11 CORNWALL COURT
City-St-Zip: KATONAH, NY 10536

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: COHEN, DANIEL J
Address: 6094 OAK BLUFF WAY
City-St-Zip: LAKE WORTH, FL 33467 NY

Title: MGR (X) Change () Addition
Name: ALAN, WANTROBA
Address: 6094 OAK BLUFF WAY
City-St-Zip: LAKE WORTH, FL 33467

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

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 Chapter 119, 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: DANIEL J COHEN

PRES

10/20/2006

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