


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033319		
1. Entity Name CRO-MAN II, LLC		

FILED

06 OCT -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 401 NW 3RD STREET POMPANO BEACH, FL 33064	Mailing Address 401 NW 3RD STREET POMPANO BEACH, FL 33064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10042006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-1274460 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, PA
900 INGRAHAM BLDG
25 SE 2ND AVE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name John Manette
Street Address (P.O. Box Number is Not Acceptable)
280 S.W. 56th Terrace
Suite 101
City Margate FL Zip Code 33068

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 10/4/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP HANETTE, JOHN 401 NW 3RD ST POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP CRONIN, DENIS 401 NW 3RD ST POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP Manette John 280 S.W. 56th Terrace, Suite 101 Margate, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

2006

200080736432
10/11/06--01063--006 **150.00

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: _____ DATE 10/6/06 DAYTIME PHONE # _____