

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000037078

Entity Name: CRUSH ENTERPRISES, LLC

**FILED**  
**Oct 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

586 SANFORD DRIVE  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

586 SANFORD DRIVE  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-1156399      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:**

GILCHRIST, JOHN  
586 SANFORD DRIVE  
FT. MYERS, FL 33919      US

**Name and Address of New Registered Agent:**

GILCHRIST, JOHN D  
586 SANFORD DRIVE  
FT. MYERS, FL 33919      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: JOHN GILCHRIST

10/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GILCHRIST, JOHN  
Address: 586 SANFORD DRIVE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES:**

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: JOHN D GILCHRIST

PRES

10/10/2006

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