

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

DOCUMENT # L04000044197

1. Limited Liability Company's Name

Goodroll, LLC

CR2E041 (8/05)

2. Principal Office Address  
3600 Yacht Club Drive

Suite, Apt. #, etc.

Unit # 1204

City & State

Aventura, FL

Zip

33180

Country

3. Mailing Office Address

4 Russell Mills Rd

Suite, Apt. #, etc.

City & State

Plymouth, MA

Zip

02360

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/11/2004

6. FEI Number

20-1230787

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael P. Goodman

Street Address (P.O. Box Number is Not Acceptable)

3600 Yacht Club Drive

Suite, Apt. #, Etc.

Unit # 1204

City

Aventura

State

FL

Zip Code

33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Member	Michael P. Goodman	3600 Yacht Club Dr. Unit # 1204	Aventura, FL 33180
			100082263251 12/04/06--01096--016 **200.00
			REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

12/11/06

Daytime Phone #

1508-224-8919

Typed or printed name of signing Managing Member/Manager

Michael P. Goodman