


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:51

<b>DOCUMENT # L04000056500</b> 1. Entity Name <b>CMC MANAGEMENT, LLC</b>					
Principal Place of Business <b>250 SHINN ROAD</b> <b>FORT PIERCE, FL 34945 US</b>			Mailing Address <b>PO Box 14019</b> <del>250 SHINN ROAD</del> <b>FORT PIERCE, FL 34945 US</b> <b>34979</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAMPBELL, CHARLES M SR.</b> <del>250 SHINN ROAD</del> <b>P.O. Box 14019</b> <b>FORT PIERCE, FL 34945</b> <b>34979</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Charles M. Campbell</i></u> DATE <u>10/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CAMPBELL, CHARLES M SR.</b> <b>250 SHINN ROAD</b> <b>FORT PIERCE, FL 34945</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CAMPBELL, CHARLES M JR.</b> <b>250 SHINN ROAD</b> <b>FORT PIERCE, FL 34945</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			<b>REINSTATEMENT</b> <u>205</u>		
SIGNATURE: <u><i>Charles M. Campbell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>10/17/05</u> Daytime Phone # <u>863-763-6254</u>		