

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000058592

**FILED**  
**Nov 07, 2005**  
**Secretary of State**

**Entity Name:** CR REALESTATE HOLDING, LLC

**Current Principal Place of Business:**

7670 GROVES RD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

7673 SICILIA CT  
NAPLES, FL 34114 US

**Current Mailing Address:**

7670 GROVES RD  
NAPLES, FL 34109 US

**New Mailing Address:**

7673 SICILIA CT  
NAPLES, FL 34114 US

**FEI Number:** **FEI Number Applied For (X)** **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:**

ROELLER, CRAIG D  
7670 GROVES RD  
NAPLES, FL 34109 US

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

ROELLER, CRAIG D  
7673 SICILIA CT  
NAPLES, FL 34114 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: CRAIG D ROELLER

11/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROELLER, CRAIG D  
Address: 7670 GROVES RD  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROELLER, CRAIG D  
Address: 7673 SICILIA CT  
City-St-Zip: NAPLES, FL 34114 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG D ROELLER

MGRM

11/07/2005

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