

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000071932

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** CRONIN FAMILY MANAGEMENT, LLC

**Current Principal Place of Business:**

1360 WILDERNESS ROAD  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1360 WILDERNESS ROAD  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 20-1702594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

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

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:** ERIC M SAUERBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CRONIN, JOEL S MD  
**Address:** 1360 WILDERNESS ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33409 US

**Title:** MGR  
**Name:** CRONIN, TERRY S  
**Address:** 1360 WILDERNESS RD  
**City-St-Zip:** WEST PALM BEACH, FL 33409 US

I hereby 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:** JOEL S CRONIN

PTNR

10/04/2011

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