

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083490

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** CRYSTAL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

8302 SHADOW PINE WAY  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 772515  
CORAL SPRINGS, FL 330772515 US

**New Mailing Address:**

**FEI Number:** 84-1689853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELLMAN, MARK S  
8302 SHADOW PINE WAY  
SARASOTA, FL 34238 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: MARK S. HELLMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ICON, JOSEPH  
Address: 10062 VESTAL PLACE  
City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM  
Name: ICON, KATHY T  
Address: 10062 VESTAL PLACE  
City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM  
Name: HELLMAN, MARK S  
Address: 8302 SHADOW PINE WAY  
City-St-Zip: SARASOTA, FL 34238 US

Title: MGRM  
Name: HELLMAN, MINDY  
Address: 8302 SHADOW PINE WAY  
City-St-Zip: SARASOTA, FL 34238 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: JOSEPH ICON

MGRM

10/03/2011

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