

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000096652

**FILED**  
**Sep 18, 2006**  
**Secretary of State**

**Entity Name:** COMMERCIAL, RESIDENTIAL, ACREAGE, INDUSTRIAL & GOVERNMENT, LLC

**Current Principal Place of Business:**

10541 SW 141 DRIVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10541 SW 141 DRIVE  
MIAMI, FL 33176

**New Mailing Address:**

PO BOX 561164  
MIAMI, FL 33256

**FEI Number:** 20-4853608      **FEI Number Applied For ( )**      **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:**

FIELDS, CRAIG EMMANUEL  
10541 SW 141 DRIVE  
MIAMI, FL 33176 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: CRAIG EMMANUEL FIELDS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIELDS, CRAIG EMMANUEL  
Address: 10541 SW 141 DRIVE  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FIELDS, CRAIG EMMANUEL  
Address: PO BOX 561164  
City-St-Zip: MIAMI, FL 33256 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 EMMANUEL FIELDS

MGR

09/18/2006

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