

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000006735

FILED  
Dec 04, 2008  
Secretary of State

Entity Name: CASTLE OAK II LLC

## Current Principal Place of Business:

1398 PALM BAY ROAD NE  
PALM BAY, FL 32905 US

## New Principal Place of Business:

325 STAN DRIVE  
MELBOURNE, FL 32904 US

## Current Mailing Address:

1398 PALM BAY ROAD NE  
PALM BAY, FL 32905 US

## New Mailing Address:

325 STAN DRIVE  
MELBOURNE, FL 32904 US

FEI Number: 20-8264054      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:

WALTERS, KYLE W  
3906 LAKESIDE LANE  
PALM BAY, FL 32909 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: KYLE W WALTERS

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WALTERS, KYLE W  
Address: 3906 LAKESIDE LANE  
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM ( ) Delete  
Name: WORBINGTON, VINCENT C  
Address: 3230 DAIRY ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: MGRM ( ) Delete  
Name: CONNOR, DOUG  
Address: 5675 WILLOUGHBY DRIVE  
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM ( ) Delete  
Name: CONNOR, PAM  
Address: 5675 WILLOUGHBY DRIVE  
City-St-Zip: MELBOURNE, FL 32934 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KYLE W WALTERS

MGMR

12/04/2008

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