

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000006735

**FILED**  
**Jan 24, 2013**  
**Secretary of State**

**Entity Name:** CASTLE OAK II LLC

**Current Principal Place of Business:**

830 PAW PRINTS AVE  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 361877  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 20-8264054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNOR, DANA M  
6395 HWY US1  
ROCKLEDGE, FL 32955 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:** DANA M CONNOR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CONNOR, DOUGLAS E  
**Address:** 6395 HWY US1  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MGRM  
**Name:** CONNOR, PAMELA J  
**Address:** 6395 HWY US1  
**City-St-Zip:** ROCKLEDGE, FL 32955 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:** DOUGLAS E CONNOR

PRES

01/24/2013

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