

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000054211

**Entity Name:** USCRA LLC

**FILED**  
**Oct 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

939 SIERRA PLACE NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

939 SIERRA PLACE NE  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

GRAVES, MICHELLE  
939 SIERRA PLACE NE  
PALM BAY, FL 32907 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: M. A. GRAVES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRAVES, MICHELLE  
Address: 939 SIERRA PLACE NE  
City-St-Zip: PALM BAY, FL 32907

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: M. A. GRAVES

MRS.

10/06/2012

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