

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000097673

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY RESOURCE PROVIDERS, LLC

**Current Principal Place of Business:**

711 6TH ST NE  
NAPLES, FL 34120 US

**New Principal Place of Business:**

205 SUNRISE CAY  
102  
NAPLES, FL 34114 US

**Current Mailing Address:**

711 6TH ST NE  
NAPLES, FL 34120 US

**New Mailing Address:**

205 SUNRISE CAY  
102  
NAPLES, FL 34114 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: KEVIN RAPER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOREIKA, PAUL J  
Address: 205 SUNRISE CAY  
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM  
Name: RAPER, KEVIN  
Address: 205 SUNRISE CAY  
City-St-Zip: NAPLES, FL 34114 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: KEVIN RAPER

MGR

06/28/2011

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