

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000006676

Entity Name: CANGRO HOLDING, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-3852053      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:**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: MARC ST PIERRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MVP  
Name: METZ, CHRIS  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS  
Name: MCCONVERY, MICHAEL J  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS  
Name: HAJDUCH, MARK  
Address: 5200 TOWN CENTER CIRCLE, STE. 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS  
Name: KLAFTER, MELISSA  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS  
Name: EDWARDS, SCOTT  
Address: 5200 TOWN CENTER CIRCLE, STE. 600  
City-St-Zip: BOCA RATON, FL 33486

Title: V  
Name: NEIMARK, JASON  
Address: 5200 TOWN CENTER CIRCLE, STE. 600  
City-St-Zip: BOCA RATON, FL 33486

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: LAURA LOUIS

POA

04/20/2010

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