

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109361

FILED  
Aug 09, 2007  
Secretary of State

Entity Name: CRL, LLC

**Current Principal Place of Business:**

5806 IDLE FOREST PL.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

2211 S. VILLAGE AVE  
TAMPA, FL 33612 US

**Current Mailing Address:**

5806 IDLE FOREST PL.  
TAMPA, FL 33614 US

**New Mailing Address:**

8870 N. HIMES AVE #233  
TAMPA, FL 33614 US

FEI Number: 20-5866413      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:**

LEUZZE, CHRISTOPHER  
5806 IDLE FOREST PL  
TAMPA, FL 33614 US

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

LEUZZE, CHRISTOPHER  
2211 S. VILLAGE AVE  
TAMPA, FL 33612 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: \_\_\_\_\_

08/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEUZZE, CHRISTOPHER  
Address: 5806 IDLE FOREST PL.  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEUZZE, CHRISTOPHER  
Address: 2211 S. VILLAGE AVE  
City-St-Zip: TAMPA, FL 33612

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: CHRISTOPHER LEUZZE

MR

08/09/2007

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