

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000004626

1. Entity Name

ROYAL CRANE, LLC



Principal Place of Business
1360 NW 33RD ST.
POMPANO BEACH FL 33064

Mailing Address
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
03-0406601

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAPHOLZ, JOSEPH P ESQ.
% MANELLA & KLAPHOLZ
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ROBERTS, JIM
STREET ADDRESS 1360 NW 33RD ST.
CITY-STATE-ZIP POMPANO BEACH FL 33064

☐ Change ☐ Addition
U00000456572
03/16/06-80029-020 50.00

TITLE MGRM ☐ Delete
NAME RETTERATH, JASON
STREET ADDRESS 1360 NW 33RD ST.
CITY-STATE-ZIP POMPANO BEACH FL 33064

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME RETTERATH, STEVE
STREET ADDRESS 1360 NW 33RD ST.
CITY-STATE-ZIP POMPANO BEACH FL 33064

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 executor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #