

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012344

Entity Name: CRIS, L.L.C.**Current Principal Place of Business:**511 SOUTH EAST COAST STREET
LAKE WORTH, FL 33460**Current Mailing Address:**511 SOUTH EAST COAST STREET
LAKE WORTH, FL 33460 US**FEI Number:** 42-1590161**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRISAFULLE, JOSEPH SR
511 SOUTH EAST COAST STREET
LAKE WORTH, FL 33460 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	P
Name	CRISAFULLE, JOSEPH SR.
Address	2521 DONNELLY DR.
City-State-Zip:	LANTANA FL 33462

Title	V
Name	CRISAFULLE, MICHAEL J
Address	2421 VILLAGE BOULEVARD #201
City-State-Zip:	WEST PALM BEACH FL 33409

Title	T
Name	CRISAFULLE, JOSEPH AJR
Address	13529 57TH PLACE NORTH
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	S
Name	CRISAFULLE, RICHARD D
Address	2531 DONNELLY DRIVE
City-State-Zip:	LANTANA FL 33462

Title	D
Name	HOWELL, TAMMY
Address	12029 56TH PLACE NORTH
City-State-Zip:	ROYAL PALM BEACH FL 33411

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A. CRISAFULLE, SR**PRESIDENT****03/22/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date