

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 06, 2007 08:00 AM  
Secretary of State

DOCUMENT # L00000005643

1. Entity Name

CRESCENDO RESOURCE GROUP, LLC



Principal Place of Business

2164 GENOVA DR.  
OVIEDO FL 32765-7226

Mailing Address

2164 GENOVA DR.  
OVIEDO FL 32765-7226

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645610

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

MASSAR, MARC  
2164 DENOVA DR.  
OVIEDO FL 32765-7226

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
MASSAR, MARC  
2164 DENOVA DR.  
OVIEDO FL 32765-7226 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
U000000694412  
04/17/07-80017-008 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
MASSAR, SHEPPARD ESQ  
BOX 847  
EAST WINDSOR NJ 08520 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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NAME  
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CITY-STATE-ZIP  
☐ Change ☐ Addition

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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 receiver 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 #