

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015626 AF

DOCUMENT # L00000011405

1. Entity Name

CROUZILLAT L.L.C.

FILED

01 APR 10 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

14 LITTLE POND ROAD  
MANALAPAN FL 33462

Mailing Address

14 LITTLE POND ROAD  
MANALAPAN FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

83-0332464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CROUZILLAT, CHRISTIAN  
14 LITTLE POND ROAD  
MANALAPAN FL 33462

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.

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 Department of State

400004037084--9  
-04/20/01--01129--017  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME Marie Crouzillat and Rose-  
STREET ADDRESS Marie Crouzillat, Trustees, or their suc-  
CITY-ST-ZIP cessors in trust under the Michel Crouzillat  
Living trust, dated 7/31/00, and any amend-  
ments thereto.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME P.O. Box 4955  
STREET ADDRESS 225 Cottonwood Drive  
CITY-ST-ZIP Jackson, Wyoming 83001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME Rose-Marie Crouzillat and  
STREET ADDRESS Michel Crouzillat, Trustees, or their suc-  
CITY-ST-ZIP cessors in trust, under the Rose-Marie  
Crouzillat Living Trust, dated 7/31/00, and

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME any amendments thereto  
STREET ADDRESS P.O. Box 4955  
CITY-ST-ZIP 225 Cottonwood Drive  
Jackson, Wyoming 83001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Michel Crouzillat, Trustee

SIGNATURE:

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

Date

Daytime Phone #

3-1-01

307.7391823

CR08083 (11/00)