

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 027 ****50.00

DOCUMENT # L00000014075

1. Entity Name

FLORIDA CRANE AND EQUIPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2720 NW 55th Court

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

U.S.A.

3. Mailing Address

2720 NW 55th Court

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

U.S.A.

4. FEI Number

22-3715036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kim M. Cummings

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

2720 NW 55th Court

City

Fort Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MANAGER	JOEL T. WOODALL	4292 HUNTING TRAIL	LAKE WORTH, FL 33467				
MANAGING MEMBER	JOSHUA POPKIN	1016 HIGHWAY 33	FREEHOLD, NJ 07728				
MANAGING MEMBER	RICHARD E. SMITH	1016 HIGHWAY 33	FREEHOLD, NJ 07728				

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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.

SIGNATURE:

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

Date

Daytime Phone #

4/26/02

954-448-0070