

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90078 016 ****50.00

DOCUMENT # L01000003940

1. Entity Name
CRISQ, L.L.C.



Principal Place of Business
**400 E HALLANDALE BCH BLVD
HALLANDALE, FL 33009**

Mailing Address
**400 E HALLANDALE BCH BLVD
HALLANDALE, FL 33009**

24008110



2. Principal Place of Business

3. Mailing Address
4100 N. CIRCLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004

Chg-LLC

CR2E083 (10/03)

City & State

City & State
HOLLYWOOD FL

4. FEI Number

65-1093759

Applied For

Not Applicable

Zip

Country

Zip
33021

Country
BROWARD

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

**TEMPKINS, HARRY
420 LINCOLN RD, STE 258
MIAMI BEACH, FL 33139**

Name
ALESIA GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)
4100 N. CIRCLE DR.

City
HOLLYWOOD

FL

Zip Code
33021

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GUTIERREZ, ALESIA C
4100 N. CIRCLE DRIVE
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

2/2/04 (954) 214-7979