

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-15-2005 90348 035 ****50.00

DOCUMENT # L01000003940 1. Entity Name CRISSO, L.L.C.	
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Principal Place of Business 400 E HALLANDALE BOH BLVD HALLANDALE, FL 33009	Mailing Address 4100 N. CIRCLE DR. HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

02112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1093759

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**GUTIERREZ, ALESIA
4100 N. CIRCLE DR.
HOLLYWOOD, FL 33021**

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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. 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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] Pres. 4/5/05 (954) 214-7979