

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011287

1. Entity Name
TRUE NORTH CREW SERVICES, LLC



Principal Place of Business
**399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432**

Mailing Address
**399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432**



04252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1004182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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. 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SCHMIDT COMPANIES, INC.
399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SCHMIDT, RICHARD L
399 NW BOCA RATON BLVD.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
OFFRINGA, DURK
399 NW BOCA RATON BLVD.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000349860
05/02/05-80081-017 50.00

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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: *Richard L. Schmidt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-05 561-392-4717
Date Daytime Phone #

RICHARD L. SCHMIDT