

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**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



03302007 No Chg-LLC

CR2E083 (11/05)

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHMIDT COMPANIES, INC.
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	SCHMIDT, RICHARD L
STREET ADDRESS	399 NW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	OFFRINGA, DURK
STREET ADDRESS	399 NW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	Vice President
NAME	Judith A. Loglisci
STREET ADDRESS	399 NW Boca Raton Blvd
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000724313  
05/02/07-80107-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4-19-07(561)392-4717