FILED
Jul 18, 2003 8:00 am
Secretary of State
06-09-2003 90004 032 ****50.00

6/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014396

1. Entity Name
KRAZY CREPES LLC

Principal Place of Business
1436 9TH STREET, SUITE D
WINTER GARDEN, FL 34787

Mailing Address
1436 9TH STREET, SUITE D
WINTER GARDEN, FL 34787

55051543

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 3450 Country Walk
Suite, Apt. #, etc.:
City & State: Port Orange FL
Zip: 32129 Country: USA

3. Mailing Address: 11184 Harbor Ct
Suite, Apt. #, etc.:
City & State: Reston VA
Zip: 20191 Country: USA

4. FEI Number: 56-2308620 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PALLMER, OSCAR R
3450 COUNTRY WALK DRIVE
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent
Name: Ralph Pallmer
Street Address (P.O. Box Number is Not Acceptable): 3450 Country Walk Drive
City: Port Orange FL Zip Code: 32129

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: Ralph C Pallmer Ralph C Pallmer 1 May 2003
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PALLMER, RALPH C		NAME		
STREET ADDRESS	3450 COUNTRY WALK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E063 (10/02)

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: Ralph C Pallmer 1 May 2003 571-2777777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #