

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 24, 2003 8:00 am
Secretary of State

9/1

09-16-2003 90001 003 ****50.00

DOCUMENT # L02000015108

1. Entity Name

CRT, LLC



Principal Place of Business

**4433 JACKSON STREET
MARIANNA, FL 32447**

Mailing Address

**4433 JACKSON STREET
MARIANNA, FL 32447**

2. Principal Place of Business

4440 Lafayette St

3. Mailing Address

4440 Lafayette St

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Marianna FL

City & State

Marianna FL

Zip

32446

Country

USA

Zip

32446

Country

USA

4. FEI Number

03-0464060

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANGELO, BARRY & BOLDT, P.A.
SUNTRUST CENTER
515 EAST OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Managing Member
James Byron Ward
4433 Jackson Street
Marianna, FL 32447**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Member manager
Dwight Dykes
4774 Powerline Rd.
Pompano Beach, FL 33073**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 #

Dwight E. Dykes 7/9/03 954-426-0002

CR2E083 (4/03)

Attachment

55057035

#L02000015108

CRT COMPUTERS, LLC.

4440 LAFAYETTE

SUITE G

MARIANNA, FLORIDA 32447

850/526-3745

September 22, 2003

Florida Department of State

Divisions of Corporations

PO Box 6478

Tallahassee, FL 32314

I am returning our Uniform Business Report, Document L02000015108; please note the changes you have asked for. If you have any questions please call me at 850-526-2135.

Sincerely

Susan Evans

Susan Evans