

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018419

Entity Name: CRIES,LLC

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1019 CROSSEPOINTE DRIVE  
SUITE 2  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

1019 CROSSEPOINTE DRIVE  
SUITE 2  
NAPLES, FL 34110 US

**New Mailing Address:**

FEI Number: 56-2294038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMINI, SIMON  
1019 CROSSPOINT DR  
SUITE 2  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FARRUGIA, ALAN C  
Address: 1019 CROSSEPOINTE DRIVE, SUITE 2  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR  
Name: AMINI, BAHMAN  
Address: 1019 CROSSEPOINTE DRIVE, SUITE 2  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR  
Name: FARRUGIA, VINCE  
Address: 2495 BELLE CHRISTIANE  
City-St-Zip: PENSACOLA, FL 32503 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN FARRUGIA

MGR

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date