

AMENDED

ATX1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 AM 9:47

DOCUMENT # **L-02000025945**

1. Entity Name

CRUS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13757 79th Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

4. FEI Number

05-0534284

Applied For

Not Applicable

Zip

Country

Zip

Country

33412

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

7. Name and Address of Current Registered Agent

Name

IRA H. ELBLONK

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

1030 Lake Ave

Suite C

City

Lake Worth

FL

Zip Code

33460

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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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
Russell L. Eichengreen
13757 79th Court
West Palm Beach, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800020431338
05/04/03-01011-001 \$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Gustavo Saslafsky
20178 Palm Island Drive
Boca Raton, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Russell L. Eichengreen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/26/03 561 315 4257

CR2E083B (12/02)