

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-30-2003 90188 025 ****50.00

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1. Entity Name

CROWN INVESTORS LLC

Principal Place of Business

3299 NW 2ND AVE.
#200
BOCA RATON FL 33431
US

Mailing Address

3299 NW 2ND AVE.
#200
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 811135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton, FL

4. FEI Number

82-0571749

Applied For

Not Applicable

Zip

Country

Zip

33481

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS-RUSTINE, REBECCA
3299 NW 2ND AVE.
#200
BOCA RATON FL 33431

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **DAVID A. RUSTINE**
CITY-ST-ZIP **P.O. Box 811135**
BOCA RATON, FL 33481

TITLE ☐ Delete
NAME **MANAGER**
STREET ADDRESS **REBECCA STEVENS-RUSTINE**
CITY-ST-ZIP **P.O. Box 811135**
BOCA RATON, FL 33481

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CROWN INVESTORS, LLC
REBECCA STEVENS-RUSTINE

561
4/22/03 558-8261

CR2083 (10/02)