

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR) ***

FILED 10/22/04

ATX1

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # **L0300000 9413**

1. Entity Name

Crispo LLC

DO NOT WRITE IN THIS SPACE

400042100074
10/22/04--01028--003 **50.00

2. Principal Place of Business
2373 NW 49th Ln

Suite, Apt. #, etc

3. Mailing Address
2373 NW 49th Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

10/22

City & State
Boca Raton, FL

Zip

33431

Country

US

City & State
Boca Raton, FL

Zip

33431

Country

US

4. FEI Number
54-2102757

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Florino A. Crispo

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

2373 NW 49 Lane

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
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

Florino A. Crispo

Florino A. Crispo

10-20-04

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
**MGRM
Florino A. Crispo
2373 NW 49 Lane
Boca Raton, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Pamela Crispo
2373 NW 49 Lane
Boca Raton, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

REINSTATEMENT

w/o Penalties fees

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:

Florino A. Crispo

Florino A. Crispo

10-20-04

561-483-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2020
20423 State Road 7
F-6PBMB 290
Boca Raton, FL 33498
561-483-6888 Tele.
561-483-0054 Fax

SKS and Associates

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for **Crispo, LLC** and we have enclosed a check in the amount of **\$50**. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS - Assoc

SKS and Associates