2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90031 027 ****50.00

DOCUMENT # L03000011287

1. Entity Name
CRYSTAL POWERS HAULING, LLC

34004488

03012004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5453 DUNCAN WOOD DRIVE SARASOTA, FL 34232	5453 DUNCAN WOOD DRIVE SARASOTA, FL 34232

2. Principal Place of Business		3. Mailing Address	
5453 Duncanwood Dr.		5453 Duncanwood Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota Fl.		City & State: Sarasota Fl.	
Zip: 34232	Country: Sarasota	Zip: 34232	Country: Sarasota

4. FEI Number: 01-0771936 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, CRYSTAL A
5453 DUNCAN WOOD DRIVE
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name: Crystal Powers
Street Address (P.O. Box Number is Not Acceptable): 5453 Duncanwood Dr.
City: Sarasota FL Zip Code: 34232

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Crystal Powers 5453 Duncanwood Dr. Sarasota Fl 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Crystal Powers 4/8/04 941 232-2487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #