

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 040 \*\*\*\*50.00

**DOCUMENT # L03000011287**

1. Entity Name  
**CRYSTAL POWERS HAULING, LLC**



Principal Place of Business  
**7310 HAWKINS ROAD  
SARASOTA, FL 34241**

Mailing Address  
**7310 HAWKINS ROAD  
SARASOTA, FL 34241**

**20033185**



2. Principal Place of Business  
**29655 Singletary Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**29655 Singletary Road**  
Suite, Apt. #, etc.

04032006 Chg-LLC CR2E083 (11/05)

City & State  
**Myakka City, FL 34251**

City & State  
**Myakka City, FL 34251**

4. FEI Number  
**01-0771936**

Applied For  
☐ Not Applicable

Zip  
**34251**

Country

Zip  
**34251**

Country

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

**6. Name and Address of Current Registered Agent**

**POWERS, CRYSTAL A  
7310 HAWKINS ROAD  
SARASOTA, FL 34241**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**29655 Singletary Road**

City **Myakka City, FL** **FL** Zip Code **34251**

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, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**POWERS, CRYSTAL** ☐ Delete  
**7310 HAWKINS ROAD**  
**SARASOTA, FL 34241**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**29655 Singletary Road**  
**Myakka City, FL 34251**

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

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

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☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**4/17/06** **322** **6722**