

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020247

1. Entity Name
CRDK, LLC



Principal Place of Business
**PO BOX 5337
ENGLEWOOD, FL 34224-5337**

Mailing Address
**PO BOX 5337
ENGLEWOOD, FL 34224-5337**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2377057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANEWINCKEL, DEAN
2800 PLACIDA ROAD, STE. 110
ENGLEWOOD, FL 34224**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000648776
03/07/07-80022-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR**
NAME: **SPADE, ROBERT W**
STREET ADDRESS: **PO BOX 5337**
CITY-STATE-ZIP: **ENGLEWOOD, FL 342245337**

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/13/07

Date

941-698-4111

Daytime Phone #