

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90202 043 ***150.00

20064400



03052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0134043

Applied For
Not Applicable

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

DOCUMENT # L03000028912

1. Entity Name
CRM INVESTMENTS, L.L.C.



Principal Place of Business
725 SE OSCEOLA ST
SUITE 1
STUART, FL 34994

Mailing Address
725 SE OSCEOLA ST
SUITE 1
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDWID, RITA M
921 EAST OCEAN BLVD., SUITE 3
STUART, FL 34994

Name

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

725 S.E. OSCEOLA STREET

SUITE 1

City
STUART

FL

Zip Code
34994

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 Rita M Medwid
Signature, typed or printed name of registered agent and title if applicable

Rita M Medwid
(NOTE: Registered Agent signature required when reinstating)

3-12-05
DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MEDWID, RITA M
CITY-ST-ZIP 921 EAST OCEAN BLVD., SUITE 3
STUART, FL 34994 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 725 S.E. OSCEOLA STREET, STE. 1
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME MGRM
STREET ADDRESS MEDWID, CLAIRE
CITY-ST-ZIP 725 SE OSCEOLA ST., SUITE 1
STUART, FL 34994 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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: Rita M Medwid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-12-05 1-772-287-2338
Date Daytime Phone #