

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90345 033 ****50.00

DOCUMENT # L03000032529

1. Entity Name
CRETEC, LLC



Principal Place of Business
**2459 CHENEY HIGHWAY, UNIT 86
TITUSVILLE, FL 32780-6704**

Mailing Address
**2459 CHENEY HIGHWAY, UNIT 86
TITUSVILLE, FL 32780-6704**

42010010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1202256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

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

City

FL

Zip Code

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 fee 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
**MGR
COX, DALE L** ☐ Delete
STREET ADDRESS
2459 CHENEY HIGHWAY, UNIT 86
CITY-ST-ZIP
TITUSVILLE, FL 327806704

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

TITLE
NAME
**ST
COX, DALE L** ☐ Delete
STREET ADDRESS
2459 CHENEY HIGHWAY, UNIT 86
CITY-ST-ZIP
TITUSVILLE, FL 327806704

TITLE
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☐ Change ☐ Addition
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: *Dale L Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #