

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 049 ****50.00

DOCUMENT # L03000037553	
1. Entity Name KRISON, LLC	

Principal Place of Business 4637 VINCENNES BLVD. #10 CAPE CORAL FL 33904	Mailing Address 4637 VINCENNES BLVD. #10 CAPE CORAL FL 33904
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2. Principal Place of Business 4637 Vincennes Blvd #10	3. Mailing Address 4637 Vincennes Blvd #10
Suite, Apt. #, etc. #10	Suite, Apt. #, etc. #10
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904	Zip 33904
Country USA	Country USA



MOORE CR2E083 (11/03)

4. FEI Number 20-0965064		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BONE, ROBERT E JR 2804 DEL PRADO BLVD SUITE 209 CAPE CORAL FL 33904		
7. Name and Address of New Registered Agent Name Russell J. Ringland Street Address (P.O. Box Number is Not Acceptable) 15970 Krison Ln City Fort Myers FL Zip Code 33912		

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 Russell J. Ringland	Russell J. Ringland	DATE 3/4/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINGLAND, RUSSELL J 15970 KRISON LANE FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINGLAND, DANA 15970 KRISON LANE FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINGLAND, CHARLES 25375 DUTCH SETTLEMENT ROAD DOWAGIAC MI 49047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINGLAND, ANN K 25375 DUTCH SETTLEMENT ROAD DOWAGIAC MI 49047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Russell J. Ringland	Date April 7, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #