

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90128 023 ****50.00

DOCUMENT # L04000021597

1. Entity Name
CRANE AIR CONDITIONING, LLC



Principal Place of Business
**198 SW 6TH AVE.
BOCA RATON, FL 33486 US**

Mailing Address
**198 SW 6TH AVE.
BOCA RATON, FL 33486 US**

2000000000



2. Principal Place of Business - No P.O. Box #

5098 NW 37TH AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

JAMAICA FL

City & State

4. FEI Number

20-0905013

Applied For

Not Applicable

Zip

33309

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, RONALD L
1800 NW CORPORATE BLVD.
SUITE #302
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATTISTO, JETH
198 SW 6TH AVE.
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EKSTROM, JOHN
1525 NW 121ST DRIVE
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RENN, TODD
1238 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JON H. BRUINING
1821 NW 91 AVENUE
CORAL SPRINGS FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GILBERT M. CALCANO
129 JASMINE CT.
LAKE PLACID FL. 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

1/5/07

561-306-2138