2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024324

1. Entity Name

CITY-ST-ZIP



FILED

May 01, 2006 8:00 am Secretary of State

05-01-2006 90091 001 ****50.00 CRES COMMERCIAL SOLUTIONS, LLC 05-01-2006 90091 002 ****50.00 Principal Place of Business Mailing Address UUUUU 4UU 4532 U.S. HIGHWAY 19, SECOND FLOOR 4532 U.S. HIGHWAY 19, SECOND FLOOR NEW PORT RICHEY, FL 34652 **NEW PORT RICHEY, FL 34652** 2. Principal Place of Business 3. Mailing Address 7916 Evolutions War 7916 Evolutions Way Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Cha-LLC CR2E083 (11/05) Suite 106 Surte 106 City & State City & State 4. FEI Number Applied For FLonda FLORIda Trinit APPLIED FOR Not Applicable Trinite Country Zio \$5.00 Additional 5. Certificate of Status Desired 34655 Pasco Pasco Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name allen S. Crumble CRUMBLEY, ALLEN S Street Address (P.O. Box Number is Not Acceptable) 4532 U.S. HIGHWAY 19, SECOND FLOOR NEW PORT RICHEY, FL 34652-8. 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. allen S. Crumbley Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition TITL F ☐ Change TITLE ☐ Delete CLARK, JAMES NAME NAME 5508 PILOTS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE ☐ Delete Change ☐ Addition CRUMBLEY, ALLEN S NAME NAME STREET ADDRESS 10811 PANICIUM CT STREET ADDRESS NEW PORT RICHEY, FL 34655 City-St-7IP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE MITCHELL, D. DEWEY NAME NAME 8600 ST ROAD 54 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

1. Entity Nam	MENT # L04000024	324			
CRES COMMERCIAL SOLUTIONS, LLC				01/195	
Principal Plac	e of Business	Mailing Address		30001495	
	IGHWAY 19, SECOND FLOOR IICHEY, FL 34652	4532 U.S. HIGHWAY 19, S NEW PORT RICHEY, FL 3			
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		3. Mailing Address	tions 4 Days		
Suite, Aot, #. elc Suite 106		uite, Apt. #, etc.		04212006 Chg-LLC CR2E083 (11/05)	
City & Stat	e	Suite (0)		4. FEL Number Applies	d For
Zip_	Country .	Zip	Country	\$5.00 Audition	plicable
340	<u>055 USA</u>	34655	<u>"usA</u>	Fee Required	aı
<u> </u>	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	
CRUMBLEY, ALLEN S 4532 U.S. HIGHWAY 19, SECOND FLOOR			Street Address		
NEW POR	RT RICHEY, FL 34652		7919	ite 106	$\overline{}$
			City	nitu FL Zip Code	55
	named entity submits this statement for tions of registered agent.	the purpose of changing its re		ered agent, or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE X July Africa Allen S. Crumbley 4-25-06					
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE F	Registered Agent signature requit	ed when reinstating) DATE	<u> </u>
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
_	MANAGING MEMBE	DC (MANAGEDC	10.	ADDITIONS COLUMNS	
9.			——————————————————————————————————————	ADDITIONS/CHANGES	Addition
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