

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024768

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** BITTS OF CRESTED BUTTE, LLC

**Current Principal Place of Business:**

784 N. MACEWEN DRIVE  
OSPREY, FL 34229

**New Principal Place of Business:**

4633 TUSCANA DRIVE  
SARASOTA, FL 34241

**Current Mailing Address:**

784 N. MACEWEN DRIVE  
OSPREY, FL 34229

**New Mailing Address:**

4633 TUSCANA DRIVE  
SARASOTA, FL 34241

**FEI Number:** 20-1039258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BITTERMAN, MARJORY  
784 N. MACEWEN DRIVE  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

BITTERMAN, MARJORY  
4633 TUSCANA DRIVE  
SARASOTA, FL 34241 US

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.

SIGNATURE: MARJORY BITTERMAN

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BITTERMAN, STEW  
Address: 4633 TUSCANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: MGRM  
Name: BITTERMAN, MARJI  
Address: 4633 TUSCANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: MGR  
Name: BITTERMAN, DREW  
Address: 4633 TUSCANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: CFO  
Name: BITTERMAN, MARJORY  
Address: 4633 TUSCANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DREW BITTERMAN

MGR

04/18/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date