

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000025110**

1. Entity Name

CROSSROADS, LLC



Principal Place of Business

6123 NORTHWEST 18TH COURT  
MARGATE FL 33063  
US

Mailing Address

6123 NORTHWEST 18TH COURT  
MARGATE FL 33063  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

55-0862943

Applied For

Not Applicable

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

PERRIGO, ANDY  
6123 NORTHWEST 18TH COURT  
MARGATE FL 33063

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BRANCA, FRANK  
3300 TURKEY TRAIL  
AVON PARK FL 33825 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U00000619022  
02/08/07-80053-022 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
PERRIGO, ANDY  
6123 NW 18TH COURT  
MARGATE FL 33063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LEWARK, TONY  
12551 174TH COURT NORTH  
JUPITER FL 33478 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
FALASCA, SCOTT  
13754 74TH STREET NORTH  
WEST PALM BEACH FL 33412 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
JOYCE, DAVID  
5010 SW 188TH AVENUE  
SOUTHWEST RANCHES FL 33332 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
OUIMET, KEVIN  
2636 HAVANA DRIVE  
MIAMAR FL 33023 ☐ Delete

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 Section 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:

*Andy Perrigo* ANDY PERRIGO

1-30-07 954-977-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #