2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90029 023 ***138.75

DOCUMENT # L04000061802
1. Entity Name
CRT SHEETSUSPENDERS LLC

Principal Place of Business	Mailing Address
3446 SW 8 STREET SUITE 201 MIAMI, FL 33135 US	P.O. BOX 430355 MIAMI, FL 33243-0355 US

60037204

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Chris Thornhill 6815	
Suite, Apt. #, etc.: Edgewater Dr #105	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33133 Country: USA	Zip Country

4. FEI Number: 03-0546707 ☐ 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
THORNHILL, MARIA T 6815 EDGEWATER DRIVE SUITE 105 CORAL GABLES, FL 33133	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THORNHILL, CHRISTOPHER R 3446 SW 8 STREET MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Thornhill, Christopher R. C/O 6815 Edgewater Dr #105 Coral Gables, FL 33133	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4-28-08 305-661-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #