

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90005 039 ****50.00

DOCUMENT # L04000067808

1. Entity Name
KREST VENTURES, LLC



Principal Place of Business
**599 SUNSET POINTE DRIVE
LAKE PLACID, FL 33852**

Mailing Address
**599 SUNSET POINTE DRIVE
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1686948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, SETH E ESQ.
SETH E. ELLIS, P.A.
2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

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IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEBLANC, KENNETH
STREET ADDRESS	599 SUNSET POINTE DRIVE
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	MGR
NAME	LEBLANC, RICHARD
STREET ADDRESS	5313 CRANE HILL CT.
CITY- ST- ZIP	ST CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/17/06 8636102202

Date

Daytime Phone #