

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000080665

1. Entity Name
CROZIER INVESTIGATIONS, L.L.C.



Principal Place of Business
**PO BOX 540756
LAKE WORTH, FL 33454**

Mailing Address
**PO BOX 540756
LAKE WORTH, FL 33454**



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 61-1478505	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONTESSA, MARY L CPA
13749 49TH ST. NORTH
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

D. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CROZIER, MARIAN
STREET ADDRESS	13749 49TH ST NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

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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:

Marian Crozier

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

4/4/2006 3615821791

Day

Daytime Phone #