

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 04, 2008 8:00 am
Secretary of State

05-02-2008 90024 031 ****50.00

06-04-2008 90254 028 ****88.75

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**

50006723



04122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI 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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILED FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE:

Marian Crozier

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

4/5/2008

(561) 582-1791

Date

Daytime Phone #