

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086936

FILED
Feb 04, 2009
Secretary of State

Entity Name: CRESCENT PICKLE, LLC

Current Principal Place of Business:

19877 ALLAIRE LANE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

19877 ALLAIRE LANE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-2167984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLER, KATHLEEN P
19877 ALLAIRE LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLER, KATHLEEN P
Address: 19877 ALLAIRE LANE
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: PICKLE, KEITH A
Address: 1939 LINCOLN DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: PICKLE, KENNETH B
Address: 3316 DREXEL HILL CT
City-St-Zip: APEX, NC 27539

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN P. ELLER

MGR

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date