

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000006051

1. Entity Name
CRYK INVESTMENTS, LLC



Principal Place of Business
**5071 SOUTH STATE ROAD 7, SUITE 704
DAVIE, FL 33314**

Mailing Address
**5071 SOUTH STATE ROAD 7, SUITE 704
DAVIE, FL 33314**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2243338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY ROY ESQ
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH, FL 33160**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000775443
01/08/08-20030-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RYU, KYUNG HOON
5071 SOUTH STATE ROAD 7, SUITE 704
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHO, YOON SOO
290 SE 8TH STREET
POMPANO BEACH, FL 33060**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

KYUNG HOON RYU 1/3/2008 954-791-0099