

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006791

Entity Name: CRUZ UNLIMITED LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2121 SE 2ND TER  
CAPE CORAL, FL 33990

## New Principal Place of Business:

8690 WESLEYAN DR  
#2-18  
FORT MYERS, FL 33919

## Current Mailing Address:

2121 SE 2ND TER  
CAPE CORAL, FL 33990

## New Mailing Address:

8690 WESLEYAN DR  
#2-18  
FORT MYERS, FL 33919

FEI Number: 20-2175690      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CRUZ, JONATHAN  
2121 SE 2ND TER  
CAPE CORAL, FL 33990      US

## Name and Address of New Registered Agent:

CRUZ, JONATHAN  
8690 WESLEYAN DR  
#2-18  
FORT MYERS, FL 33919      US

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: JONATHAN CRUZ

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CRUZ, JONATHAN  
Address: 2121 SE 2ND TER  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: CRUZ, JONATHAN  
Address: 8690 WESLEYAN DR  
City-St-Zip: FORT MYERS, FL 33919

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: JONATHAN CRUZ

MGRM

05/01/2009

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