

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000056142

1. Entity Name
WHITE KROW, LLC



Principal Place of Business
1589 QUEENS CT
PAINESVILLE, OH 44077

Mailing Address
1811 SE 45TH STREET
CAPE CORAL, FL 33904



03072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2960302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F ESQ
4427 SE 16TH PLACE, #2
CAPE CORAL, FL 33904

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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

000000925595
05/20/08-80031-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE S
NAME SOWA, MARK A
STREET ADDRESS 1589 QUEENS CT
CITY-ST-ZIP PAINESVILLE, OH 44077

TITLE C
NAME KRAMER, GERALD
STREET ADDRESS 1811 SE 45TH ST
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
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CITY-ST-ZIP

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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: _____

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

8/25/08 4404137317
Date Daytime Phone #