

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070529

Entity Name: CRUTCHFIELD MASONRY, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-3162898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUTCHFIELD, JAMES A SR
5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080 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: CRUTCHFIELD, JAMES A SR
Address: 5343 SOUNDVIEW AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Delete
Name: CRUTCHFIELD, MARY E
Address: 5343 SOUNDVIEW AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Delete
Name: CRUTCHFIELD, JAMES A JR
Address: 10 2ND STREET, APT A
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRUTCHFIELD, JAMES A SR
Address: 5343 SOUNDVIEW AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

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: JAMES A CRUTCHFIELD SR

MGRM

04/30/2008

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