

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082844

FILED
Aug 18, 2006
Secretary of State

Entity Name: CRISPO AND HALLOWELL, LLC

Current Principal Place of Business:

2089 N. POWERLINE RD.
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2089 N. POWERLINE RD.
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 20-3338090 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:

Name and Address of New Registered Agent:

CRISPO, FIORINO
2089 N. POWERLINE RD.
POMPANO BEACH, FL 33069 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRISPO, FIORINO
Address: 2089 N. POWERLINE RD.
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM () Delete
Name: HALLOWEEL, JOEL
Address: 678 SIESTA KEY CIRCLE, #2224
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HALLOWELL, JOEL
Address: 604 NW 13TH ST APT 18
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL HALLOWELL

MGRM

08/18/2006

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