

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90110 049 ****50.00

DOCUMENT # **L05000086179**

1. Entity Name

Crys Styles, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
871 Northeast 140th Street

Suite, Apt. #, etc

3. Mailing Address
Post Office Box 81

Suite, Apt. #, etc.

60039402

DO NOT WRITE IN THIS SPACE

City & State
Anthony, FL

City & State
Anthony, FL

4. FEI Number
036-52-5594

Applied For
Not Applicable

Zip
32617

Country

Zip

32617

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Cynthia L. Greene

Street Address (P.O. Box Number is Not Acceptable)
871 Northeast 140th Street

City
Anthony

FL

Zip Code

32617

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Cynthia L. Greene
871 Northeast 140th Street
Anthony, Florida 32617**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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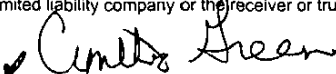
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Cynthia L. Greene**

4/10/2007

352-216-4404

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

Date

Daytime Phone #

CR2E083B (12/02)