

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087127

FILED
Mar 05, 2008
Secretary of State

Entity Name: CROSINGNO GROUP, LLC

Current Principal Place of Business:

2144 HENLEY PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2144 HENLEY PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 06-1755262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROTEAU, JULES M
2144 HENLEY PLACE
WELLINGTON, FL 33414 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: MGRM () Delete
Name: CROTEAU, JULES M
Address: 2144 HENLEY PLACE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: CROTEAU, JENNIFER L
Address: 2144 HENLEY PLACE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: SINRAM, RONALD H
Address: 13781 EXOTICA LANE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: SINRAM, MARIE A
Address: 13781 EXOTICA LANE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: SINRAM, RYAN T
Address: 12580 SHORELINE DR
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: SINRAM, ALEXIS Q
Address: 12580 SHORELINE DR
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM (X) Change () Addition
Name: SINRAM, RYAN T
Address: 13499 LAMIRADA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM (X) Change () Addition
Name: SINRAM, ALEXIS Q
Address: 13499 LAMIRADA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

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: RONALD SINRAM

MGRM

03/05/2008

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