

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90040 036 \*\*\*\*50.00

**DOCUMENT # L05000095838**



1. Entity Name

JACK K. CRUCE LLC

Principal Place of Business

1265 SW BLUFF DR  
FT WHITE FL 32038

Mailing Address

1265 SW BLUFF DR  
FT WHITE FL 32038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3198336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUCE, JACK K  
1265 SW BLUFF DR  
FT WHITE FL 32038

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
NGR  
CRUCE, JACK K  
1265 SW BLUFF DR  
FT WHITE FL 32038 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CACETTA, MARGARET E  
1265 SW BLUFF DR  
FT WHITE FL 32038 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jack K. Cruce JACK K. CRUCE 4-3-06 386-497-4485

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

Date

Daytime Phone #