

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000098048

1. Entity Name
CRIMERA, LLC



Principal Place of Business
C/O S. SMOLLAR
79-37 TENNYSON COURT
BOCA RATON, FL 33433

Mailing Address
C/O S. SMOLLAR
79-37 TENNYSON COURT
BOCA RATON, FL 33433

FILED
Apr 11, 2008 08:00 AM
Secretary of State



04062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLLAR, SALLY
79-37 TENNYSON COURT
BOCA RATON, FL 33433

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IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMOLLAR, SALLY
STREET ADDRESS	79-37 TENNYSON COURT
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	MGRM
NAME	LAMENDOLA, JOSEPH
STREET ADDRESS	25 STRAUS AVENUE
CITY-ST-ZIP	SELDON, NY 11785

TITLE	MGRM
NAME	LAMENDOLA, MARK
STREET ADDRESS	6730 BRIDLEWOOD COURT
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	MGRM
NAME	SCHADLER, JOANNE
STREET ADDRESS	106 YORKSHIRE DRIVE
CITY-ST-ZIP	EAST NORWICH, NY 11732

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000891872
04/23/08-80040-021 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

Joanne Schadler
April 8, 2008 516 270-7929