

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-22-2006 90294 008 ****50.00

DOCUMENT # L05000115595 1. Entity Name SNOWCREST, LLC					
Principal Place of Business 2519 MCMULLEN BOOTH RD SUITE 510-314 CLEARWATER FL 33761 US			Mailing Address 2519 MCMULLEN BOOTH RD SUITE 510-314 CLEARWATER FL 33761 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 26-0134010 ☐ Applied For ☒ Not Applicable	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FONTANA, ERIC M 2519 MCMULLEN BOOTH RD SUITE 510-314 CLEARWATER FL 33761				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FONTANA, ERIC M 2519 MCMULLEN BOOTH RD #510-314 CLEARWATER FL 33761	☐ Delete			
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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: <i>[Signature]</i> 3/8/06 727-799-9533 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		