

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115595

Entity Name: SNOWCREST, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2519 MCMULLEN BOOTH RD
SUITE 510-314
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH RD
SUITE 510-314
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 26-0134010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTANA, ERIC M
2519 MCMULLEN BOOTH RD
SUITE 510-314
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

FONTANA, ELLEN M
2519 MCMULLEN BOOTH RD
SUITE 510-314
CLEARWATER, FL 33761 US

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: ELLEN FONTANA

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FONTANA, ERIC M
Address: 2519 MCMULLEN BOOTH RD #510-314
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR () Delete
Name: FONTANA, ELLEN H
Address: 2519 MCMULLEN BOOTH RD #510-315
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FONTANA, ELLEN M
Address: 2519 MCMULLEN BOOTH RD #510-315
City-St-Zip: CLEARWATER, FL 33761

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: ELLEN FONTANA

MGR

04/24/2009

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