

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003864

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** CROSSING LLC

**Current Principal Place of Business:**

8409 SECRET KEY COVE  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

50 DAVIS LANE  
ROSLYN, NY 11576

**New Mailing Address:**

97 I U WILLETS ROAD  
OLD WESTBURY, NY 11568

**FEI Number:** 01-0857252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
**Name:** LI, MICHAEL  
**Address:** 97 I U WILLETS ROAD  
**City-St-Zip:** OLD WESTBURY, NY 11568

**Title:** MGRM  
**Name:** YIN, JUNE  
**Address:** 97 I U WILLETS ROAD  
**City-St-Zip:** OLD WESTBURY, NY 11568

I hereby 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:** JUNE YIN

MGRM

05/04/2011

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