

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011940

Entity Name: CRYDERMAN & CRYDERMAN, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

325 WARD ST.
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

2111 CYPRESS AVE.
PORT ST. JOE, FL 32456 US

Current Mailing Address:

2111 CYPRESS AVE.
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRYDERMAN, GUY B
325 WARD ST.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

CRYDERMAN, GUY B
2111 CYPRESS AVE
PORT ST. JOE, FL 32456 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRYDERMAN, GUY B
Address: 325 WARD ST.
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: CRYDERMAN, DEBORAH L
Address: 325 WARD ST.
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRYDERMAN, GUY B
Address: 2111 CYPRESS AVE.
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM (X) Change () Addition
Name: CRYDERMAN, DEBORAH L
Address: 2111 CYPRESS AVE.
City-St-Zip: PORT ST. JOE, FL 32456 US

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: GUY CRYDERMAN

MGR

03/23/2009

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