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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000026563

1. Entity Name
CRADILA LLC

30005426

01112007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US	7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1661 Estero Blvd	1661 Estero Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers Beach, FL	City & State: Fort Myers Beach, FL
Zip: 33931 Country: USA	Zip: 33931 Country: USA

4. FEI Number: 20-4483606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMARANO, DINO 7205 ESTERO BLVD FT MYERS BEACH, FL 33931	Name: Susan Holly CPA, PA Street Address (P.O. Box Number is Not Acceptable): 13725 Cilline Court City: Estero FL Zip Code: 33928

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: Susan Holly 1/11/07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

Filing Fee is $50.00 Due by May 1, 2007 | Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMARANO, DINO	NAME	
STREET ADDRESS	1539 PARK MEADOWS DR #4	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33907	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILDRETH, CRAIG	NAME	
STREET ADDRESS	1539 PARK MEADOWS DR #4	STREET ADDRESS	
CITY-ST-ZIP	FT MYRES, FL 33907	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOON, LAWRENCE	NAME	
STREET ADDRESS	2 MORELAND GREEN DR	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01609	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #