

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90188 050 ***138.75

DOCUMENT # L06000055977

1. Entity Name
CRUSTY CREATIONS, LLC



Principal Place of Business
**10801 CORKSCREW ROAD
SUITE 520
ESTERO, FL 33928 US**

Mailing Address
**3 SUMMERHILL COURT
LAFAYETTE HILL, PA 19444 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4996544

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **Edward DeLeo**

Street Address (P.O. Box Number is Not Acceptable)

9641 Wilshire Lakes Blvd

City **Naples**

FL

Zip Code **34109**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DELEO, EDWARD
3 SUMMERHILL COURT
LAFAYETTE HILL, PA 19444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/08

Date

Daytime Phone #