

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056041

FILED  
May 01, 2008  
Secretary of State

Entity Name: CRISTAL CLEAR RENTALS, LLC

## Current Principal Place of Business:

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

## New Principal Place of Business:

81581 OLD HWY  
ISLAMORADA, FL 33036

## Current Mailing Address:

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

## New Mailing Address:

81581 OLD HWY  
ISLAMORADA, FL 33036

FEI Number: 20-5122328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOWER, HOLLY A ESQ  
12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

MCGLONE, DANIEL J  
81581 OLD HWY  
ISLAMORADA, FL 33036 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: DANIEL J MCGLONE

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COLEMAN, CRISTAL  
Address: 18167 US HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COLEMAN, CRISTAL  
Address: 81581 OLD HWY  
City-St-Zip: ISLAMORADA, FL 33036

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: CRISTAL COLEMAN

MGR

05/01/2008

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