

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105311

Entity Name: CRYSTAL IMPORTS, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

1035 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

1035 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 20-5818744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGER HUDOCK, LESLIE
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 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 () Delete
Name: LAMB, STEVEN D MGRM
Address: 1035 SOUTH SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LAMB, STEVEN D
Address: 1035 SOUTH SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448 US

Title: ST () Change (X) Addition
Name: SMITH, KENNEDY JR
Address: 1035 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448 US

Title: S () Change (X) Addition
Name: PICKETT, MARK R
Address: 1035 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448 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: MARK R PICKETT

S

03/27/2009

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