

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002270

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: BLACK CROWE MANUFACTURING, LLC

**Current Principal Place of Business:**

4815 NORTH COOLIDGE AVENUE  
B-1  
TAMPA, FL 33614

**New Principal Place of Business:**

4815 NORTH COOLIDGE AVENUE  
B-1  
TAMPA, FL 33614

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 38-3753469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IRIMESIM, BENJAMIN P  
9340 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

KIM, BURAK T  
9340 WELLINGTON PARK CR  
TAMPA, FL 33647 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: KIM T. BURAK

01/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRG ( ) Delete  
Name: IRIMESCU, DENJAMID  
Address: 9840 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: P (X) Delete  
Name: BURAK, KIM  
Address: 9340 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BURAK, KIM  
Address: 9840 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIM T. BURAK

PRES

01/25/2009

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