

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90031 035 \*\*\*138.75

**DOCUMENT # L07000068130**

1. Entity Name  
**CHRISTOPHER M. CRAFT, M.D., LLC**



Principal Place of Business  
**8720 NORTH KENDALL DRIVE  
SUITE 112  
MIAMI, FL 33176 US**

Mailing Address  
**8720 NORTH KENDALL DRIVE  
SUITE 112  
MIAMI, FL 33176 US**

**60046966**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**26-047 6554**

Applied For

Not Applicab

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

**CRAFT, CHRISTOPHER M  
12001 SW 73RD AVE  
MIAMI, FL 33156**

Name

**Christopher Craft**

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

City

**FL**

Zip Code

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

*Christopher Craft*

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

(NOTE: Registered Agent signature required when reinstating)

**9/1/08**

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CRAFT, CHRISTOPHER M  
8720 NORTH KENDALL DRIVE SUITE 112  
MIAMI, FL 33176** ☐ Delete

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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:

*Christopher Craft*