

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90120 050 ***138.75

DOCUMENT # L07000081493 1. Entity Name MESHBESHER CROCE LLC.					
Principal Place of Business 1219 SIESTA KEY CIRCLE PORT ORANGE, FL 32128			Mailing Address 1648 TAYLOR ROAD #206 PORT ORANGE, FL 32128		
2. Principal Place of Business - No P.O. Box # 5889 S. Williamson Blvd		3. Mailing Address Suite, Apt. #, etc. Suite 203			
City & State Port Orange, Florida		City & State Port Orange, Florida		4. FEI Number 26-1243998	
Zip 32128		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROCE, AVIE M 1648 TAYLOR ROAD #206 PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and 2008 fee is required.</small>				DATE 1/14/08 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
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	MGR CROCE, AVIE M MS. 1219 SIESTA KEY CIRCLE PORT ORANGE, FL 32128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:				DATE 1/14/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

JUUUUUUU



01092008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

1/14/08

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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