

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90027 043 ***138.75

50009258



07202008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1544196** Applied For ☐ Not Applicable ☒

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
Name **FARRELL, FREDERICK P.**
Street Address (P.O. Box Number is Not Acceptable) **13500 POWERS COURT**
City **FORT MYERS** FL Zip Code **33912**

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 **[Signature]** DATE **8-7-08**
(NOTE: Registered Agent signature required when reinstating)

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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, FREDERICK P	NAME	
STREET ADDRESS	12512 IVORY STONE LOOP	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33913	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **[Signature]** DATE **8-7-08** DAYTIME PHONE # **239-565-5444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L07000122590
1. Entity Name
CROSSROADS QUARTET L.L.C.



Principal Place of Business
12512 IVORY STONE LOOP
FORT MYERS, FL 33913 US
Mailing Address
12512 IVORY STONE LOOP
FORT MYERS, FL 33913 US

2. Principal Place of Business - No P.O. Box #
12512 IVORY STONE LOOP
Suite, Apt. #, etc.
3. Mailing Address
12512 IVORY STONE LOOP
Suite, Apt. #, etc.

City & State
FORT MYERS FLORIDA
Zip
33913
Country
US

City & State
FORT MYERS FLORIDA
Zip
33913
Country
US

6. Name and Address of Current Registered Agent
FARRELL, FREDERICK P
2100 ELECTRONICS LANE
FORT MYERS, FL 33912

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

TITLE	MGRM <input type="checkbox"/> Delete
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STREET ADDRESS	12512 IVORY STONE LOOP
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SIGNATURE: **[Signature]** DATE **8-7-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE