

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039417

FILED
Apr 29, 2009
Secretary of State

Entity Name: CMS CRAWFORD MAINTENANCE SERVICES LLC

Current Principal Place of Business:

736 63 AVE. N.
ST. PETERSBURG, FL 33702

New Principal Place of Business:

4946 72ND AVENUE NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

736 63 AVE. N.
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 26-2249991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAWFORD, MORRIS
736 63 AVE. N.
ST. PETERSBURG, FL 33702 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: CRAWFORD, MORRIS
Address: 736 63 AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM () Delete
Name: CRAWFORD, MARINA
Address: 736 63 AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

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

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: MARINA CRAWFORD

PRES

04/29/2009

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