

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040647

**Entity Name:** CROSSING GAPS LLC

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4000 MISTY MORNING PL  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

4000 MISTY MORNING PL  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

4000 MISTY MORNING PL  
CASSELBERRY, FL 32707

**New Mailing Address:**

4000 MISTY MORNING PL  
CASSELBERRY, FL 32707 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: D  
Name: SPALDING, STEVE  
Address: 4000 MISTY MORNING PL  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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: QUANG TRAN

MGRM

03/10/2010

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