

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043827

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** ARS CRANE SERVICES, LLC

**Current Principal Place of Business:**

770 N. GROSSE AVENUE  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

770 NORTH GROSSE AVENUE  
UNIT B  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

770 N. GROSSE AVENUE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

770 NORTH GROSSE AVENUE  
UNIT B  
TARPON SPRINGS, FL 34689 US

FEI Number: 25-2540808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOUSH, JAMES I  
770 N. GROSSE AVENUE  
TARPON SPRINGS, FL 34689 US

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

ROBERT F. DIMARCO, CPA, PA  
220 NORTH PINE AVENUE  
SUITE A  
OLDSMAR, FL 34677 US

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: ROBERT F. DIMARCO

02/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: HOUSH, JAMES I  
Address: 770 NORTH GROSSE AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D  
Name: HOUSH, REBECCA M  
Address: 770 NORTH GROSSE AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: O  
Name: HOUSH, STEPHEN B  
Address: 770 NORTH GROSSE AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: O  
Name: HOUSH, MATTHEW B  
Address: 770 NORTH GROSSE AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: JAMES IRA HOUSH

D

02/01/2011

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