

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044350

FILED
Apr 22, 2011
Secretary of State

Entity Name: THE CRUIKSHANK GROUP , LLC

Current Principal Place of Business:

7109 KENDAL HEATH WAY
LAND O LAKES, FL 34637 US

New Principal Place of Business:

20628 WILD PLUM CT
LAND O LAKES, FL 34637 US

Current Mailing Address:

7109 KENDAL HEATH WAY
LAND O LAKES, FL 34637 US

New Mailing Address:

20628 WILD PLUM CT.
LAND O LAKES, FL 34637 US

FEI Number: 27-2449285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUIKSHANK, JOEL
7109 KENDAL HEATH WAY
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

CRUIKSHANK, JOEL
20628 WILD PLUM CT.
LAND O LAKES, FL 34637 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:

04/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CRUIKSHANK, ANGELICA
Address: 20628 WILD PLUM CT
City-St-Zip: LAND O LAKES, FL 34637 US

Title: MGRM
Name: CRUIKSHANK, JOEL
Address: 20628 WILD PLUM CT.
City-St-Zip: LAND O LAKES, FL 34637 US

Title: MGRM
Name: JANER, DAVID
Address: 3225 PRAIRE IRIS DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM
Name: JANER, NORMA E
Address: 3225 PRAIRE IRIS DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM
Name: JANER, CARLOS X
Address: 3225 PRAIRE IRIS DRIVE
City-St-Zip: LAND O LAKES, FL 34639

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: JOEL IAN CRUIKSHANK

MGRM

04/22/2011

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