

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -4 PM 4:37

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L97000001406

BANK LIQUIDATORS, L.C.  
4034 U.S. 19  
NEW PORT RICHEY FL 34652

1a. Principal Place of Business Address

4034 U.S. 19  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

4034 US19

Suite, Apt. #, etc.

2a. Mailing Address

4034 US19

Suite, Apt. #, etc.

3. Date Organized or Qualified

12/12/1997

3a. State of Formation

FL

City & State

NEW PORT RICHEY FL

Zip Country

34652 USA

City & State

NEW PORT RICHEY FL

Zip Country

34652 USA

4. FEI Number

281-30-6002

☐ Applied For

☒ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Certificate of Status Desired

7. Name and Address of Current Registered Agent

CRAWFORD, DON  
4034 U.S. 19  
NEW PORT RICHEY FL 34652

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

mba

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	CRAWFORD, DON	4034 U.S. 19	NEW PORT RICHEY FL
MBR	STRENGTH, GRANT	4034 U.S. 19	NEW PORT RICHEY FL
MBR	STRENGTH, COLLEEN	4034 U.S. 19	NEW PORT RICHEY FL

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8-23-98 813 846-8440