

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L97000001443	
1. Entity Name THE CHROSTOWSKI FAMILY LIMITED COMPANY	

Principal Place of Business 92 ISLAND DRIVE SARASOTA FL 34242	Mailing Address 92 ISLAND DRIVE SARASOTA FL 34242
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0819435		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent CHROSTOWSKI, MELVIN J 92 ISLAND DRIVE SARASOTA FL 34242	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when terminating) DATE _____

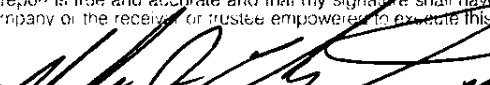
FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHROSTOWSKI, MELVIN J 92 ISLAND DRIVE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHROSTOWSKI, LEE A 7172 VICTORIA CIRCLE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHROSTOWSKI, JOEL C. 136 S. JACKSON EVANS CITY PA 16033 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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01/29/08-80063-006 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE  **MELVIN J CHROSTOWSKI, JAN 23, 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone