

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014349 AF

DOCUMENT # L99000005513

1. Entity Name
LE' CRANEIAN, L.L.C.

00 MAY 22 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4280 BEECH CIRCLE
WEST PALM BEACH FL 33406

Mailing Address
P.O. BOX 6707
LAKE WORTH FL 33466-6707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0983609

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, HERBERT C ESQ
303 BANYAN BLVD., SUITE 400
WEST PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CRANE, CAMERON
STREET ADDRESS 4280 BEECH CIRCLE
CITY- ST- ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME 900003283893 ☐ Change ☐ Addition
STREET ADDRESS -06/12/00--01003--020
CITY- ST- ZIP *****50.00 *****50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I 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 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:

Cameron Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 28, 2000

Date

Daytime Phone #

(561)
963-1357

CR2 (3-13-99)