

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90016 015 ****50.00

DOCUMENT # L99000008180

1. Entity Name

CRESCENT SS, LLC

Principal Place of Business

**4139 BURNS ROAD
 PALM BEACH GARDENS FL 33410**

Mailing Address

**4139 BURNS ROAD
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**621 SE CENTRAL PARKWAY
 Suite, Apt. #, etc.**

3. Mailing Address

**621 SE CENTRAL PARKWAY
 Suite, Apt. #, etc.**

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0964137

Applied For

Not Applicable

Zip

Country

34994

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, GEORGE T IV
~~4139 BURNS ROAD~~
~~PALM BEACH GARDENS FL 33410~~**

7. Name and Address of New Registered Agent

Name
GEORGE T. KELLY IV
 Street Address (P.O. Box Number is Not Acceptable)
621 SE CENTRAL PARKWAY
 City
STUART **FL** Zip Code
34994

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☐ Delete
 NAME
KELLY, GEORGE T IV
 STREET ADDRESS
~~4139 BURNS ROAD~~
 CITY-ST-ZIP
~~PALM BEACH GARDENS FL 33410~~

10. ADDITIONS/CHANGES

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
621 SE CENTRAL PARKWAY
 CITY-ST-ZIP
STUART, FL 34994

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/02

Date

72-28-8858

Daytime Phone #

CR2E083 (9/01)