

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90032 032 \*\*\*\*55.00

DOCUMENT # M00000001928

1. Entity Name

*Crestwood Investments, LLC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6852 Trailview Ct*

3. Mailing Address

*P.O. Box 251333*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*W. Bloomfield, MI*

City & State

City & State

*48322*

*W. Bloomfield, MI*

Zip

Country

Zip

Country

*48325*

4. FEI Number

*38-3541512*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Michael Scarfo*

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

*1314 Winter Springs Blvd*

City *Winter Springs*

FL

Zip Code

*32708*

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

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

*Michael Scarfo*

*8/23/04*

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member Savik Salati P.O. Box 251333 W. Bloomfield, MI 48325</i>
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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:

*S. Salati*

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

*8-24-04*

Date

Daytime Phone #

CR2E083B (12/02)