

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001292**

1. Entity Name  
CRS FACILITY SERVICES, LLC



Principal Place of Business  
2 SOUTH BISACNE BLVD.  
SUITE 205  
MIAMI, FL 33131

Mailing Address  
2 SOUTH BISACNE BLVD.  
SUITE 205  
MIAMI, FL 33131



07182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3695494

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUNROE, W. BRADLEY ESQ.  
239 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

U00000573152  
08/02/06-80004-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RIZZUTO, WILLIAM JR.  
475 MARKET ST.  
ELMWOOD PARK, NJ 07407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCHOLZ, THOMAS  
475 MARKET ST.  
ELMWOOD PARK, NJ 07407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CARR, PAUL  
475 MARKET ST.  
ELMWOOD PARK, NJ 07407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

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

Date

Daytime Phone #

7/26/06 201-398-9729