

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000001292

1. Entity Name
CRS FACILITY SERVICES, LLC



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

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



07102007 No 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 14, 2007

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

U00000770207
07/24/07-80006-019 50.00

**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 #

7/19/07

201-398-9729