

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002865

Entity Name: CROSSLYN MAX II, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

9199 BONNIE COVE DRIVE
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

9199 BONNIE COVE DRIVE
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: 20-2388502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINERNEY, ROBERT J
9199 BONNIE COVE DRIVE
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCINERNEY, THOMAS E
Address: 9199 BONNIE COVE DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: MCINERNEY, ROBERT J
Address: 9199 BONNIE COVE DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J MCINERNEY

MGRM

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date