

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002865

Entity Name: CROSSLYN MAX II, LLC

FILED
Jan 07, 2012
Secretary of State

Current Principal Place of Business:

9199 BONNIE COVE DRIVE
WEEKI WACHEE, FL 34613

New Principal Place of Business:

8359 SHERMAN CIRCLE
WEEKI WACHEE, FL 34613

Current Mailing Address:

9199 BONNIE COVE DRIVE
WEEKI WACHEE, FL 34613

New Mailing Address:

8359 SHERMAN CIRCLE
WEEKI WACHEE, FL 34613

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:

MCINERNEY, ROBERT J
8359 SHERMAN CIRCLE
WEEKI WACHEE, FL 34613 US

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: ROBERT J. MCINERNEY

01/07/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCINERNEY, THOMAS E
Address: 8359 SHERMAN CIRCLE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM
Name: MCINERNEY, ROBERT J
Address: 8359 SHERMAN CIRCLE
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby 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

MGR

01/07/2012

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