

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022620

Entity Name: CRAIG R. WILSON, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7747 BARTHOLOMEW DRIVE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

7747 BARTHOLOMEW DRIVE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CRAIG R  
7747 BARTHOLOMEW DRIVE  
NORTH FORT MYERS, FL 33917 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: MGR  
Name: WILSON, CRAIG R  
Address: 7747 BARTHOLOMEW DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM  
Name: WILSON, NANCY L  
Address: 7747 BARTHOLOMEW DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

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: CRAIG R. WILSON

MGR

03/31/2010

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