

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022589

Entity Name: CRWL, LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

1542 INLAND AVE.
CHARLESTON, SC 29412

New Principal Place of Business:

4648 COZZO DR
LAND O LAKES, FL 34639

Current Mailing Address:

1542 INLAND AVE.
CHARLESTON, SC 29412

New Mailing Address:

4648 COZZO DR
LAND O LAKES, FL 34639

FEI Number: 26-2150104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOONEY, MARK F
1211 W. FLETCHER AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

EWANOWSKI, REBECCA L
4648 COZZO DR
LAND O LAKES, FL 34639 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: REBECCA LYNN EWANOWSKI

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EWANOWSKI, CHRISTOPHER D
Address: 1542 INLAND AVE.
City-St-Zip: CHARLESTON, SC 29412

Title: MGR () Delete
Name: EWANOWSKI, REBECCA L
Address: 1542 INLAND AVE.
City-St-Zip: CHARLESTON, SC 29412

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EWANOWSKI, CHRISTOPHER D
Address: 4648 COZZO DR
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR (X) Change () Addition
Name: EWANOWSKI, REBECCA L
Address: 4648 COZZO DR
City-St-Zip: LAND O LAKES, FL 34639

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: CHRISTOPHER D. EWANOWSKI MD

MGR

02/18/2009

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