

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110007

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC8679341109**

**Entity Name:** CRAWFORD THOMAS LLC

**Current Principal Place of Business:**

429 S KELLER RD STE 250  
ORLANDO, FL 32810

**Current Mailing Address:**

429 S KELLER RD STE 250  
ORLANDO, FL 32810 US

**FEI Number:** 26-1322991

**Certificate of Status Desired:** No

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

LINDEN, BRIAN K  
429 S KELLER RD STE 250  
ORLANDO, FL 32810 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LINDEN, BRIAN K  
Address 429 S KELLER RD STE 250  
City-State-Zip: ORLANDO FL 32810

Title MGRM  
Name STONEHOUSE, WILLIAM CIII  
Address 429 S KELLER RD STE 250  
City-State-Zip: ORLANDO FL 32810

Title MGRM  
Name BRUGUIERE, RUSSELL T  
Address 429 S KELLER RD STE 250  
City-State-Zip: ORLANDO FL 32810

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN LINDEN

**MANAGING MEMBER**

**03/18/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date