

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120379

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC2678524084**

**Entity Name:** CROWNE MONEY MANAGERS LLC

**Current Principal Place of Business:**

350 NW STRATFORD LANE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

350 NW STRATFORD LANE  
PORT SAINT LUCIE, FL 34983 US

**FEI Number: 27-4028408**

**Certificate of Status Desired: Yes**

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

WALLACE, JOE  
350 NW STRATFORD LANE  
PORT SAINT LUCIE, FL 34983 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 WALLACE, JOE  
Address 350 NW STRATFORD LANE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title MGRM  
Name MIKLER, TOMEK  
Address 5368 SE JENNINGS LN  
City-State-Zip: STUART FL 34997

Title MGRM  
Name CLINE, ADAM  
Address 5927 NW CAREFREE ST.  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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: JOE WALLACE**

**MGRM**

**04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date