## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000055970

**Entity Name: CROXTON ENTERPRISES,LLC** 

**Current Principal Place of Business:** 

2435 US HWY 19 SUITE 210 HOLIDAY, FL 34691 FILED Feb 24, 2015 Secretary of State CC2633183602

## **Current Mailing Address:**

2435 US HWY 19 SUITE 210 HOLIDAY, FL 34691 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CROXTON, M R 2435 US HWY 19 SUITE 210 HOLIDAY, FL 34691 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: M. R CROXTON 02/24/2015

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

TitleVPTitlePRESIDENTNameCROXTON, ANTHONY ONameCROXTON, M R

Address 2435 US HWY 19 SUITE 210 Address 2435 US HWY 19 SUITE 210

City-State-Zip: HOLIDAY FL 34691 City-State-Zip: HOLIDAY FL 34691

Title MGR

Name BECKER, KAREN

Address 2435 US HWY 19 SUITE 210

City-State-Zip: HOLIDAY FL 34691

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: MICHELLE CROXTON

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

02/24/2015