

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000042855

Entity Name: CROM, LLC

Current Principal Place of Business:

250 SW 36TH TERRACE
GAINESVILLE, FL 32607

Current Mailing Address:

250 SW 36TH TERRACE
GAINESVILLE, FL 32607 US

FEI Number: 59-0702495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

FILED
Oct 27, 2023
Secretary of State
9562308037CC

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: MEGHAN NEWBERRY

10/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name POMEROY, JEFFREY
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title MANAGER
Name TILLMAN, SAMANTHA
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title MANAGER
Name OYENARTE, ROBERT G.
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title MANAGER
Name SHINSKEY, DALE
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title PRESIDENT
Name OYENARTE, ROBERT G.
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER
Name POMEROY, JEFFREY
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title CHIEF FINANCIAL AND STRATEGY OFFICER
Name BALDWIN, CRISTOPHER
Address 250 SW 36TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

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: JEFFREY POMEROY

MANAGER

10/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date