

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000042867

**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC2218258501**

**Entity Name:** CROM EQUIPMENT RENTALS, LLC

**Current Principal Place of Business:**

1150 NW 8TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1150 NW 8TH AVENUE  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-2477297

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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	PRESIDENT	Title	VP, GENERAL MANAGER
Name	HOLCOMB, JAMES L	Name	DOBSON, JOHN W
Address	1150 NW 8TH AVENUE	Address	1150 NW 8TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601

Title            AMBR  
Name            CROM, LLC  
Address        250 SOUTHWEST 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:** JAMES L HOLCOMB

**PRESIDENT**

**01/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date