

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000042867

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC6332046707**

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

**Current Principal Place of Business:**

1110 NW 8TH AVE., SUITE C  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1110 NW 8TH AVE., SUITE C  
GAINESVILLE, FL 32601

**FEI Number:** 59-2477297

**Certificate of Status Desired:** Yes

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

HOLCOMB, JAMES L  
1110 NW 8TH AVE., SUITE C  
GAINESVILLE, FL 32601 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/CEO	Title	SR.VICE PRESIDENT
Name	COPLEY, JAMES D	Name	HOLCOMB, JAMES L
Address	250 SOUTHWEST 36TH TERRACE	Address	1110 NW 8TH AVE., SUITE C
City-State-Zip:	GAINESVILLE FL 32607	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

**SR. VICE PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date