

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000147112

**Entity Name:** OC CRANE SERVICE LLC

**Current Principal Place of Business:**

402 WEST 18TH COURT  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

PO BOX 1045  
LYNN HAVEN, FL 32444 US

**FEI Number:** 47-4903217

**Certificate of Status Desired:** No

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

CARROTHERS, OMER L JR  
402 WEST 18TH COURT  
LYNN HAVEN, FL 32444 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	MGR	Title	MANAGER
Name	CARROTHERS, OMER L JR	Name	SORENSEN, AMANDA
Address	402 WEST 18TH COURT	Address	1912 LAUREL AVE
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	PANAMA CITY FL 32405

*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:** OMER CARROTHERS

**OWNER**

**04/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date