

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005681

Entity Name: WILCOX & CROFT, LLC

FILED  
Feb 07, 2009  
Secretary of State

**Current Principal Place of Business:**

6735 NW 18TH DR  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

2824 NW 23RD BLVD.  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-3648859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROFT, RICKIE B  
2824 NW 23RD BLVD.  
GAINESVILLE, FL 32605 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CROFT, RICK  
Address: 2824 NW 23RD BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: WILCOX, DOUGLAS  
Address: 2501 NW 66TH CT.  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICK CROFT

MGRM

02/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date