

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

50.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -8 AM 8:20

DOCUMENT # L01000009873

1. Entity Name  
CRAFTSMAN, L.L.C.



Principal Place of Business  
55 SOUTH B STREET  
PENSACOLA, FL 32501

Mailing Address  
PO BOX 18452  
PENSACOLA, FL 32523



02022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3742551

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PATRICK  
55 SOUTH B STREET  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SULLIVAN, PATRICK  
55 SOUTH B STREET  
PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

700046658277  
02/15/05--01058--002 \*\*250.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_