

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 027 \*\*\*\*50.00

**DOCUMENT # L01000017838**

1. Entity Name  
CRO LLC



Principal Place of Business  
3801 MANATEE AVE. W.  
BRADENTON, FL 34205

Mailing Address  
522 56TH STREET  
HOLMES BEACH, FL 34217

**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1149264

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CROWE, DEBRA SUE  
522 56TH STREET  
HOLMES BEACH, FL 34217

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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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME CROWE, ROBERT D  
STREET ADDRESS 522 56TH STREET  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE VP  
NAME CROWE, DEBRA S  
STREET ADDRESS 522 56TH STREET  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Debra S Crowe

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

Date

Daytime Phone #