

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028821

1. Entity Name
CROWTHER CO., LLC



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
2543 ROCKFILL ROAD
FT. MYERS, FL 33916

Mailing Address
2543 ROCKFILL ROAD
FT. MYERS, FL 33916



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0489190

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J ESQ.
1833 HENDRY STREET
FT. MYERS, FL 33901

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954247
07/11/08-80003-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWTHER, LEE S JR 2543 ROCKFILL RD FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWTHER, DAVID C 2543 ROCKFILL RD FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALLANS, THOMAS S 2543 ROCKFILL RD FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

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

7/7/08 239-337-1300

Date

Daytime Phone #