

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000028891

1. Entity Name
CRABTREE & ROBERTS, LLC



Principal Place of Business
2012 WALNUT STREET
JACKSONVILLE, FL 32206

Mailing Address
2012 WALNUT STREET
JACKSONVILLE, FL 32206



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1869924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMANELLO, DUANE C
1919 BLANDING BLVD
SUITE # 8
JACKSONVILLE, FL 32210

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ROBERTS, CLARENCE C
STREET ADDRESS 2012 WALNUT ST.
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE MGRM
NAME ROBERTS, MARK
STREET ADDRESS 2012 WALNUT ST.
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE MGRM
NAME CRABTREE, WILLIAM E
STREET ADDRESS 6756 RAMOTH DR.
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE MGRM
NAME CRABTREE, WILLIAM T
STREET ADDRESS 6756 RAMOTH DR.
CITY-ST-ZIP JACKSONVILLE, FL 32226

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: Mark Roberts

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

1/11/07

Date

943553715

Daytime Phone #