

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031969

1. Entity Name  
CRSM BUY SELL, LLC



Principal Place of Business  
2543 ROCKFILL ROAD  
FORT MYERS, FL 33916

Mailing Address  
2543 ROCKFILL ROAD  
FORT MYERS, FL 33916

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



07072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4223267

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  
1833 HENDRY STREET  
FORT 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.

**9. MANAGING MEMBERS/MANAGERS**

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

U000000954294

07/11/08-80008-006 138.75

**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

Date

Daytime Phone #

7/7/08 239-337-1300