

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004098

1. Entity Name  
CROWDER COMPUTER SERVICES, LLC



Principal Place of Business  
2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 33823 US

Mailing Address  
2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 33823 US

**DO NOT WRITE IN THIS SPACE**



03042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
14-1869380

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

AIRTH, HAL A JR  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKE LAND, FL 33801

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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, 2005**

1100000322191  
04/22/05-80004-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CROWDER, RANDY  
2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 33823

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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: *Randy Crowder*

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

4-20-05 (863) 604-8206

Date

Daytime Phone #