

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000047401

FILED
Feb 26, 2007
Secretary of State

Entity Name: EDWARD T. CROWSON, LLC

Current Principal Place of Business:

7110 COLUMNS CR.
101
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

4723 BEACON HILL DR.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

7110 COLUMNS CR.
101
NEW PORT RICHEY, FL 34655

New Mailing Address:

4723 BEACON HILL DR.
NEW PORT RICHEY, FL 34652

FEI Number: 20-0433716 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CROWSON, EDWARD T
7110 COLUMNS CR.
101
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

CROWSON, EDWARD T
4723 BEACON HILL DR.
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: EDWARD T. CROWSON

02/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROWSON, EDWARD T
Address: 7110 COLUMNS CR. #101
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CROWSON, EDWARD T
Address: 4723 BEACON HILL DR
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD T. CROWSON

MGRM

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date