

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012620

Entity Name: J.A. CROSON LLC

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

31550 CR 437
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

31550 CR 437
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 20-0751984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CROSON, DAVID A
Address: 6933 SYLVAN WOODS
City-St-Zip: SANFORD, FL 32771 US

Title: MGR () Delete
Name: CROSON, JAMES A
Address: 1322 ELYSIUM BLVD
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR () Delete
Name: LATOURELLE, MARK F
Address: 5341 CYPRESS RESERVE PLACE
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LATOURELLE, MARK F
Address: 4579 TIGUA ISLAND CT
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A. CROSON

CEO

02/20/2009

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