

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000029117

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** CROFOOT ENTERPRISES, LLC

**Current Principal Place of Business:**

1405 S. ORANGE AVENUE  
SUITE 601  
ORLANDO, FL 32856 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560862  
ORLANDO, FL 32856 US

**New Mailing Address:**

**FEI Number:** 20-2549184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINTER, JR, THOMAS F MD  
1405 S ORANGE AVE  
STE 601  
ORLANDO, FL 32806 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  
Name: WINTERS, THOMAS F JR.  
Address: P.O. BOX 560862  
City-St-Zip: ORLANDO, FL 32856 US

I hereby 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: THOMAS F. WINTERS, JR., M.D.

MGR

04/12/2012

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