

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000041623

1. Entity Name
CRAWFORDVILLE FINANCIAL PARTNERS LLC



Principal Place of Business
**JOHN LENTZ
2908 NORTHMONT DRIVE
TALLAHASSEE, FL 32303**

Mailing Address
**JOHN LENTZ
2908 NORTHMONT DRIVE
TALLAHASSEE, FL 32303**

BK

FILED

07 APR 30 PM 4:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04272007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
26-0113489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LENTZ, JOHN W VII
JOHN LENTZ
2908 NORTHMONT DRIVE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LENTZ, JOHN W VII
STREET ADDRESS	2908 NORTHMONT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	HARVEY, DAVID F
STREET ADDRESS	116 HARVEY YOUNG FARM ROAD
CITY-ST-ZIP	CRWAFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #