

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070729

Entity Name: CROWSON GROUP, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1 DOUG FORD DRIVE  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

1639 MEDICAL CENTER PARKWAY  
SUITE 200  
MURFREESBORO, TN 37129 US

**Current Mailing Address:**

1 DOUG FORD DRIVE  
PENSACOLA, FL 32507 US

**New Mailing Address:**

1639 MEDICAL CENTER PARKWAY  
SUITE 200  
MURFREESBORO, TN 37129 US

FEI Number: 20-3599966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROWSON, THOMAS D  
1 DOUG FORD DRIVE  
PENSACOLA, FL 32507 US

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

CROWSON, THOMAS D  
5016 4TH PLACE  
MERIDIAN, FL 39305 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:

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CROWSON, THOMAS D  
Address: 5016 4TH PLACE  
City-St-Zip: MERIDIAN, MS 39305 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 D. CROWSON

MGRM

04/19/2010

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