

DOCUMENT# L06000110616

Entity Name: CROUSE ENTERPRISES, LLC

**Current Principal Place of Business:**

% TAYLOR, WAINIO & NEVILLE PA  
320 HIGH TIDE DRIVE, STE. 201  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:****Current Mailing Address:**

% TAYLOR, WAINIO & NEVILLE PA  
320 HIGH TIDE DRIVE, STE. 201  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** \_\_\_\_\_ **FEI Number Applied For ( )** \_\_\_\_\_ **FEI Number Not Applicable (X)** \_\_\_\_\_ **Certificate of Status Desired ( )** \_\_\_\_\_

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

TAYLOR, DAIL A  
320 HIGH TIDE DRIVE, STE. 201  
ST. AUGUSTINE, FL 32080 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: CROUSE, ROBERT  
Address: 320 HIGH TIDE DRIVE, STE. 201  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: ROBERT CROUSE MGR 01/06/2011

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