

FILED
May 05, 2008 8:00 am
Secretary of State

DOCUMENT # L07000093350					
1. Entity Name MARGARET CRAWFORD, LLC					
Principal Place of Business 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459 US			Mailing Address 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
CRAWFORD, MARGARET 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459					Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____					
(Sign above, insert or attach name of registered agent and fee if applicable)					
(NOTE: Registered Agent is to remain in the State of Florida)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of Banking & Finance					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, MARGARET 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459				<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.					
SIGNATURE: <i>Margaret Crawford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					