

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096125

Entity Name: OLD 441 LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

26014 ESTATES RIDGE DRIVE  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

26014 ESTATES RIDGE DRIVE  
SORRENTO, FL 32776

**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:**

CROSON, DAVID A  
26014 ESTATES RIDGE DRIVE  
SORRENTO, FL 32776 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: PRES  
Name: CROSON, DAVID A  
Address: 26014 ESTATES RIDGE DRIVE  
City-St-Zip: SORRENTO, FL 32776 US

Title: VP  
Name: CROSON, KATHERINE R  
Address: 26014 ESTATES RIDGE DRIVE  
City-St-Zip: SORRENTO, FL 32776 US

Title: VP  
Name: CROSON, CHARLES D  
Address: 26014 ESTATES RIDGE DRIVE  
City-St-Zip: SORRENTO, FL 32776 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: DAVID A CROSON

MGR

01/05/2012

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