

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100312

FILED  
Jul 30, 2009  
Secretary of State

**Entity Name:** CROWSON-CANTRELL DEVELOPMENT, LLC

**Current Principal Place of Business:**

5016 4TH PLACE  
MERIDIAN, MS 39305

**New Principal Place of Business:**

**Current Mailing Address:**

5016 4TH PLACE  
MERIDIAN, MS 39305

**New Mailing Address:**

FEI Number: 26-1175828      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CROWSON, THOMAS  
ONE DOUG FORD DRIVE  
PENSACOLA, FL 32507      US

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

GREG, SMITH  
ONE DOUG FORD DRIVE  
PENSACOLA, FL 32507      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: GREG SMITH

07/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CROWSON, THOMAS  
Address: ONE DOUG FORD DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR      ( ) Delete  
Name: CANTRELL, GREGORY  
Address: 5016 4TH PLACE  
City-St-Zip: MERIDIAN, MS 39305

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 CROWSON

DR

07/30/2009

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