

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060523

Entity Name: CRAIG & FOUSE, LLC

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

785 CENTRAL AVENUE  
NAPLES, FL 34103

**New Principal Place of Business:**

785 CENTRAL AVENUE  
NAPLES, FL 34102

**Current Mailing Address:**

635 HARBOUR DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 27-0357507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLS, WAYNE C  
635 HARBOUR DRIVE  
NAPLES, FL 34103 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: MGRM  
Name: WILLS, WAYNE C TRUSTEE  
Address: 635 HARBOUR DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: MGRM  
Name: WILLS, BERTHA ANN TRUSTEE  
Address: 635 HARBOUR DRIVE  
City-St-Zip: NAPLES, FL 34103

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: WAYNE C. WILLS

TRUS

02/25/2011

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