

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025019

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CROWTHER RESIDENTIAL SERVICES, LLC

**Current Principal Place of Business:**

2543 ROCKFILL ROAD  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2543 ROCKFILL ROAD  
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 45-2517935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 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:** C  
**Name:** CROWTHER, LEE S  
**Address:** 2543 ROCKFILL RD  
**City-St-Zip:** FT MYERS, FL 33916

**Title:** P  
**Name:** CROWTHER, DON  
**Address:** 2543 ROCKFILL RD  
**City-St-Zip:** FT MYERS, FL 33916

**Title:** TS  
**Name:** CALLANS, THOMAS S  
**Address:** 2543 ROCKFILL RD  
**City-St-Zip:** FT MYERS, FL 33916

**Title:** VPS  
**Name:** FURBEE, TERRI  
**Address:** 2543 ROCKFILL RD  
**City-St-Zip:** FT MYERS, FL 33916

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:** THOMAS S CALLANS

TS

04/24/2012

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