

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000277840

Entity Name: CREWPON, LLC

Current Principal Place of Business:

13847 THOROUGHbred DR
DADE CITY, FL 33525

Current Mailing Address:

13847 THOROUGHbred DR
DADE CITY, FL 33525 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMBROSE, THOMAS J II
13847 THOROUGHbred DR
DADE CITY, FL 33525 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name AMBROSE, THOMAS J II
Address 13847 THOROUGHbred DR
City-State-Zip: DADE CITY FL 33525

Title AR
Name ZIMMER, SVEN
Address 2045 MOHAWK TR
City-State-Zip: MAITLAND FL 32751

Title MGR
Name DEMMING, PERRY T
Address 960 OLD BARN RD
City-State-Zip: AURORA OH 44202

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J AMBROSE II

AR

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date