

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000365973

**Entity Name:** CROWN LIVIN LLC

**Current Principal Place of Business:**

12467 HARBOR WINDS DR. N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12467 HARBOR WINDS DR. N  
JACKSONVILLE, FL 32225 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

COONEY, MICHAEL  
12467 HARBOR WINDS DR. N  
JACKSONVILLE, FL 32225 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	Title	MGR
Name	COONEY, MICHAEL	Name	COONEY, JALYNNE
Address	12467 HARBOR WINDS DR. N	Address	12467 HARBOR WINDS DR. N
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

*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:** MICHAEL COONEY

AR

07/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date